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ABSTRACT

This volume, part of the evaluation of the Home Start Program is an informal compilation of the ideas, experiences and insights gained by members of Home Start staffs during three years of family-oriented education and services. Home Start, a federally-funded 3-year (1972-1975) home-based demonstration program for low-income families with 3- to 5-year-old children was designed to enhance a mother's skills in dealing with her own children and to provide comprehensive social-emotional, health and nutritional services. This book is aimed primarily at administrators, sponsors, and directors of Head Start and similar programs who are considering expanding their services to include home visiting. Included in this report are: (1) an overview of the goals, structure and organization of the National Home Start Program; (2) a section on "getting underway" (finding staff, recruiting families, assessing needs, etc.); (3) a description of the basic components of the program (education, nutrition and health); (4) a section on working with families, which includes descriptions of social and psychological services for parents and children; and (5) a discussion of management and planning issues for home-based programs. Appendices include a director of Home Start demonstration programs and training centers, Home Start guidelines, and an index of exhibit sources. A number of forms and charts used in Home Start programs are included in the document. (MS)

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Dr. Esther Kresh, Project Officer

NATIONAL HOME START EVALUATION

Book Manuscript

# THE HOMESBOOK:

## What Home-Based Programs Can Do With Children and Families

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Names of Home Start families are fictional though the families are real; names of Home Start staff are their own. Exhibits which illustrate program operations were provided by program staff. Appendix C lists sources of exhibits.

# INTRODUCTION AND ACKNOWLEDGMENTS

June of 1975 marked the formal conclusion of the Home Start Demonstration Program, a three-year examination of the notion that parents and other family members can effectively teach their preschoolers at home, once they're given the understanding and the encouragement to do so. Intended not to supplant but to complement the services already offered by Head Start and other center-based child development efforts, Home Start programs in 16 locations across the United States worked with families in their living rooms, in kitchens, on front porches, even in specially-designed mobile vans, to devise ways of providing education, health, nutrition, and social services in the home rather than the center setting.

As national programs go, Home Start was modest. Total funds expended would not buy one modern fighter plane, yet in its dealings with families throughout the country, Home Start managed to capture the enthusiasm of participants, staff members, regional and federal officials, even consultants involved in evaluating the project. Research groups at High/Scope and Abt Associates maintained their objectivity over the three-year course of their assessment but found themselves, as they completed their tasks, caring as much about the people their statistics represented as the findings themselves.

The Homesbook is neither an evaluation nor a how-to manual. For those interested in the formative and summative research results on Home Start, they're available at cost from the ERIC Clearinghouse on Early Childhood Education. A practical handbook, A Guide for Planning and Operating Home-Based Child Development Programs, can already be obtained from OCD[1]. This volume duplicates neither: instead it's an informal compilation of the ideas, experiences and insights gained by staff after three years of family-oriented education and service. It represents highly personal views, and wherever possible, staff members are quoted directly.

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[1] See Appendix D for bibliography of materials concerning Home Start.

This book is aimed primarily at administrators, sponsors, and operators of Head Start and similar programs who are considering expanding their services into the home-based field. Practically speaking, the immediate future of home-based programs is lodged in the Innovation and Improvement (I and I) option for Head Start programs which allows centers to broaden their services to include home visiting. Since it endeavored to meet Head Start objectives in the home-based format, Home Start's expertise is clearly valuable. For this reason, Chapter 6 has been specifically tailored to the needs of people in the initial stages of considering and planning a home-based program or a mix of home- and center-based services. Throughout the book we have assumed that the reader is reasonably familiar with general human-service program operations--performance standards, federal eligibility criteria, and the like.

A secondary audience may be child development specialists who find the Home Start experience useful--and perhaps even refreshing--verification of the need to work with the whole family to successfully support a child's growth. And finally, we commend the Homesbook to all those government people at the local, state, and federal level who occasionally wonder whether anything programmatic works. Collectively, Home Start's legacy represents 48 years of program operation and literally hundreds of person-years of individual experience.

Sharing this legacy of personal and programmatic experience seemed a logical step. We as evaluators had had our say, but what about the people on the front lines--the Directors, Visitors and staff specialists, the families themselves? We broached the subject of a book at the final National Home Start Conference held in St. Louis in spring, 1975 and found staff supportive and enthusiastic about the project even as they prepared to close down or restructure their operations. With their direction in outlining critical areas to be covered, we determined which programs had addressed each area effectively and visited all 16 to interview staff about their feelings and their advice for future programs. We amassed reams of material and stacks of tapes which were distilled in Cambridge over the summer and fall of 1975. As we go to press, some former Home Start programs have merged with their local Head Starts, some have ceased operation completely, and some have become training centers for the home-based concept.

In addition to all the Home Start people who gave their time so willingly, credit is due the Abt Associates staff who brought this book to fruition. Kathy Hewett coordinated the effort from the beginning and worked tirelessly to shape and refine the product. Andee Rubin, Mona Stein, Marrit Nauta and Marian Grogan, with a good deal of secretarial assistance from Anne Ziolkowski, all worked as a collegial group to assemble individual chapters and help structure the book. Chris Jerome of Franconia, New Hampshire has edited this, her fifth contribution to early childhood publications at Abt over the past six years. John Love, Director of the Summative Evaluation and I have played minor roles in reviewing the manuscript and trying to be helpful. Julie Shepard and Peter Wolff reviewed the draft copy as part of Abt's quality control procedure and offered many useful suggestions.

Finally, acknowledgment must go to Dr. (Ruth) Ann O'Keefe. Home Start's National Director, and her Office of Child Development staff, with special thanks to individual program Directors, specialists, Home Visitors, parents and children--everyone who made Home Start a going concern. For all of us, Home Start has been a very special experience.

Richard R. Ruopp
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# CHAPTER 1

# HOME START IN ACTION

## *THE McLAREN FAMILY OF UTAH*

*Marsha McLaren , in her own words, was "not really enthusiastic" about joining Home Start when Home Visitor (or Family Educator, as they're called in Utah) Jo Davis came to call. Depressed and lonely, Marsha had come back to Logan from Idaho, where her husband had walked out on her. An infant son had died, leaving her with three-year-old twin girls, Kathy and Ann, and she was expecting another baby soon. Home was her stepmother's place, a house in the country bursting with relatives and foster children.*

*"When I first went to visit," Jo Davis recalls, "she was just very, very shy, and she talks about that now--'Remember when you first came and I wouldn't say a word?' She did say she was wondering if she shouldn't give her children to the welfare people. She felt like she wasn't a good mother, that she didn't have the ability to teach them, that she just couldn't cope with them. Since I didn't see the girls that first day, I didn't realize just how far behind they were, in every way." At three, the twins could barely toddle and their speech could be understood only by their mother. With no TV and a broken stereo, Marsha had simply put them in a playpen and let them entertain themselves. Says Jo, "She said no one ever told her you have*

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Family names used in this book are fictitious.

to teach your children how to talk. She just felt like when they got old enough to talk, they'd talk."

Jo immediately began teaching the girls the names of simple household objects, and when they began to respond, Marsha was elated. She began working with them herself, and for extra help, Home Start got her into a speech class at Utah State University where she could take her daughters along. At the same time, Jo had to start virtually from scratch with the twins' physical development. "We did the Denver Developmental test, and they couldn't do the jumping, hopping, or skipping: they could just walk." Jo and Marsha got down on the floor with the youngsters and rolled, crawled, and then encouraged them to take larger and larger steps until they were jumping. "Today," says Jo, "they're still behind in their verbalization, but their motor development is much improved."

When her stepmother collapsed under the burden of running a large household, it was clearly time for Marsha to make a change. "I didn't want Marsha to move because she thought I wanted her to move; I wanted it to be her decision," Jo remembers. At home, her stepmother had done all the cleaning and cooking in return for rent, but Marsha had no privacy, little personal freedom, and was simply falling into a rut. She did decide to leave, and rented a nice apartment in town. A purchase order from the Bishop's office in her diocese enabled her to set up housekeeping, and that initial step has led to a host of changes in her life, changes which have allowed her to grow and develop the confidence she needed.

Home Start paid her tuition for driving lessons, and the program's Social Services staff let her drive them around for practice. Says Jo, "After she got her license, she said it opened up a whole new world; she was just thrilled about it." Marsha kept working with her girls, and also with the family's newest member, a baby boy. She began to get out, to socialize, and she became Vice Chairman of Home Start's parent committee, helping with many of the program's projects.

"She's had counseling with a psychologist on a weekly basis, and we enrolled her children in Head Start because they needed the socialization, but we continued to work with them," Jo comments. Although several Home Start staff have helped the McLaren family, Jo Davis has been there from the beginning, as a listener, advisor, a source of encouragement and support.

*In a heartwarming letter to Utah's program Director Sheri Noble, Marsha talks about her own feelings: "I gained so much from your programs--confidence, friendship, a great family relationship, a sense of belonging, new hobbies and interests, new values and insights, a love for people, and a desire to help other people in need...I love everyone here at the Millville Center and owe so very much to all of you. There are many kids and parents who have been helped by your program...but there will never be any more grateful than my kids and me. I just pray there will still be a Home Start and Head Start when my one-year-old is of age."*

* * *

Home Start was a national demonstration program funded by the U.S. Department of Health, Education and Welfare's Office of Child Development in 1972. For a period of three years, more than 150 staff members at 16 locations around the country explored the possibilities of providing comprehensive, Head Start services to families in their homes. Home Start's approach was to offer education, health, nutrition and social services to the families of children between three and five years old, and to do so in a family-oriented, rather than a strictly child-oriented, way. This meant not only showing parents how to improve their living conditions but also how to teach their own children themselves, using as materials the everyday objects and routines of family life. The program's formal goals were these:[1]

- to involve parents directly in the educational development of their children;
- to help strengthen in parents their capacity for facilitating the general development of their children;
- to demonstrate methods of delivering comprehensive Head Start-type services to children, parents, or substitute parents for whom a center-based program is not feasible;
- to determine the relative costs and benefits of center- and home-based comprehensive early childhood development programs, especially in areas where both types of programs are feasible.

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[1] Home Start Guidelines, December 1971. See Appendix B.

Home Start was not designed to replace Head Start but to develop options for Head Start programs interested in expanding their services. Because each local program responded to local needs and developed in its own way, many styles and formats for deliverin services evolved.

With its focus on the family, Home Start was part of the mainstream of current trends in child development, sociology, psychology and education. By 1972, a number of projects at the state and federal level were recognizing the family unit as the primary learning environment and the most effective forum in which to influence social change. The Office of Child Development, for example, sponsored a network of Parent-Child Centers from 1971 to 1973 focusing on prenatal care and mother-and-infant services. Other efforts stressed early diagnosis, screening, and treatment of health problems while federally-supported day-care centers provided a range of social and health services. In the latter case, centers were required to encourage parent involvement in center operations and policy-making. State day-care systems employed teachers who would work with family day-care mothers to ensure "developmental" care and refute the notion that family day-care was merely babysitting. Implicit in these approaches was the acknowledgment that the home is where preschcolers learn critically important skills and attitudes and that this education occurs continuously, while children are eating, playing, listening to other family members, and learning to understand their surroundings.

Head Start, instituted by the Office of Economic Opportunity in 1965, offered education and comprehensive services to preschoolers in a center setting. It was in Head Start programs that parents, working in policy-making and advisory capacities, began to influence the content and direction of their children's education. Head Start had long maintained that low-income children could and should be caught up with their more privileged and advanced classmates: while agreeing, some educators felt this task could be accomplished better in the home. Even as money became available for Home Start, disillusion was beginning to tempe the high hopes some educators had held for the cognitive gains possible through Head Start. Despite the undebatable merits both parents and evaluators found in Head Start, questions had arisen about the duration of the gains children made. The evidence was difficult to interpret, and researchers disagreed about whether the "head start" preschoolers acquired in their centers made a difference as they progressed in school.

Nevertheless, Head Start provided goals, structure, and a great deal of useful experience as planners began developing guidelines for a home-based early childhood education program. In fall of 1971, Head Start staff and personnel from a number of experimental home-based efforts met at the Appalachian Regional Commission in Washington, D.C. with Dr. (Ruth) Ann O'Keefe who would be directing Home Start. Using her previous experience with home visiting in the Appalachian Regional Commission, Ann worked with the other participants devising plans and formal guidelines for the new program. Home Start's status in the Office of Child Development (which took over and now operates Head Start as well) would be that of a demonstration project, a program with a three-year funding life to test the home-based idea, to see how it might be organized and run day-to-day in a variety of settings.

Operating from March 1972 until June 1975, Home Start consisted of a small national staff at OCD's Washington offices and 16 local programs in 15 states. Each local project received approximately $100,000 with which to serve 80 families for a 12-month period. Participating families came from a variety of locales and cultural backgrounds--black, white, urban, rural, suburban, Appalachian, Navajo, migrant, Spanish-speaking, native Alaskan and Oriental. Each local staff consisted mostly of Home Visitors who called on the 10 or 12 families assigned them about once a week and were directly responsible for child development, nutrition, health, and social/psychological services. When the Visitor couldn't provide help herself, she referred families to a specialist on the Home Start staff or in another community agency. Visitors encouraged parents to get involved in regular parent meets devoted to family problems, child development, health, adult education, and other matters selected by parents themselves. Each local project was also required to set up a policy-making council composed of parent and community representatives to influence decisions about their program's focus and content.

In its final three months of operation, Home Start was reaching 1,150 families in which there were 2,220 children ranging from infancy to five years of age. About 45 percent of these families were from rural areas (compared with Head Start's 25 percent rural makeup). Staff ratios in most projects were about one person for every six or seven families, with the average Home Visitor calling on 10 families each week. Families were considered eligible if their annual incomes were within federal poverty guidelines and they had children between three and five years of age. As is typical of social-service programs, Home Start allocated slightly more than 75 percent of its total resources to personnel. Site-to-site variations in project costs and resources available for the program, however, were substantial.

Running concurrently with the Home Start program itself were two evaluation studies intended to help Head Start and similar programs decide whether expansion into home-based services is a realistic option. With the contract guidance of Dr. Esther Kresh in OCD's Research and Evaluation branch, the evaluation looked at the kinds of fundamental questions these program administrators would be asking, namely:

- what will home-based services do for kids and families?
- how many staff and resources will this require?
- how much will it cost?

These and other issues of program style and organization were approached with two kinds of assessment: collection of hard data on costs, on what children learned, and on how effective parents were as teachers; and a second analysis of less tangible factors--how families changed as a result of their Home Start experience and how they felt about it, how each project was organized, how staff were trained, how community services were used by each project. Although it's too early to determine whether the gains made by children and parents will be lasting ones, findings from the evaluation indicate that Home Start did make a considerable difference in families' lives in several areas.[1] Home Start children and families in six of the 16 sites were tested twice each year, as were a control group of families in the same sites, tested before they enrolled in Home Start; the same tests were administered to groups of Head Start families in four of the six Home Start test sites. Final evaluation results were reported that Home Start was effective both for parents and for children.

> For parents: After 7 months in the program, Home Start mothers, compared with control mothers, were likely to allow their children to help with household tasks, reported teaching more reading and writing skills to their children, provided more books and common playthings for their children to use and read stories to their children more often. Home Start parents reported more involvement than control families in community organizations such as parent-teacher groups, church organizations, and scouts. On the other hand, being in Home Start did not appear to increase a family's use of other resources in the community.
>
> Some of the differences between Home Start and control families diminished after a year, often because control families improved and had entered the Home Start program before the second round of tests were administered.
>
> For children: After 7 and 12 months, Home Start children scored higher than control children on measures of school readiness which reflected language ability and

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[1] Since it is difficult to summarize a technically complex set of findings in so short a space, readers are urged to read Final Report: Findings and Implications, National Home Start Evaluation, for complete explanations and supporting data.

> and cognitive development. In social and emotional Home Start children were rated as being more able to be involved in tasks for longer period of time, and better able to cope with unpleasant events, than control children. Home Start children had more recently seen both doctors and dentists, but both groups of children had received the same number of basic immunizations; no differences were reported in the overall quality of diet for the two groups.

Comparisons between Home Start and Head Start children and families on the other hand, were more difficult to make for a number of reasons; an important one was that Home Start and Head Start initially served families who were not entirely comparable. Although there were a few findings which indicated Home Start had a positive effect on the parent-child relationship (more opportunities for children to help with household tasks, for example) there were actually very few differences for parents between Home Start and Head Start. For children in Home Start and Head Start, differences were minor and changed from one test time to another, with evaluation concluding that the two programs were approximately equally effective for children.

Other evaluation results were aimed at program design; perhaps the most interesting general finding for programs was that families who stayed in Home Start longer than 12 months didn't seem to change more; two years of Home Start seemed to help families about the same amount as one year.

* * *

## *HOME VISITING IN WEST VIRGINIA*

*It's been raining in West Virginia and the road to the Bissionette house is rutted and rough even though gravel was spread over the dirt a couple of years ago. For Home Visitor Maxine Abner, this twisting drive along the sides of the hollow usually takes 45 minutes. The rugged*

*Appalachian country is lush and overgrown: although the spring rains are beautiful here, they've turned the countryside into a tangle of obstacles, keeping families from jobs, schools, doctors, even other families. Roane County, where Maxine works, is one of nine West Virginia counties served by Home Start. Maxine's at home--she was born here and like many of her longtime neighbors she's quiet, reserved, but friendly. Today, Maxine started earlier than usual from her small office in the local Community Action Agency, but the rough going has already made her late. She soon pulls her car to the side of the road and begins a long, muddy climb up the hill. The Bissionettes live close by, but Maxine visits some families located nearly two miles off the nearest road. A rustle in the underbrush announces the presence of five-year-old Cindy, who always meets Maxine before she gets to the house. "Look Mrs. Abner, we got a package!" Cindy says shyly. Packages and visitors are both precious: the family has no car and gets into town about once a month.*

*Mrs. Bissionette is happy to see Maxine too. A heavy-set, red-haired woman in her early thirties, she and her husband have seven children. (Mr. Bissionette is often nearby when Maxine visits, but he's "people-shy," as they say in West Virginia, and only rarely comes into the house where he'll watch but not take part in Home Start activities.) Mrs. Bissionette, Cindy, and her younger brother Claude open the package in the yard and discover some books an older sister has ordered. For awhile, mother and kids talk about books: Mrs. Bissionette wants to make sure her children understand how important books are, and Maxine encourages such conversations. Cindy had a speech problem when the family joined the program but with the help of Home Start staff, Maxine has found activities to help Cindy practice enunciation. She makes a special point of talking with both children so Claude will hear the speech patterns he, too, has trouble imitating.*

*Inside, Claude, Cindy, Mrs. Bissionette, Maxine and a baby in a high chair fill up the small kitchen where a pump for water is the only indoor plumbing. While she and the children talk, Maxine pulls stencils, paper, pencils and crayons from her bag and Cindy and Claude eagerly set to work tracing, coloring, and cutting out animals and flowers. Their activity reminds Mrs. Bissionette that she's seen some paint-by-numbers sets* *that she likes: it'd be fun, she says, if several Home Start mothers could get together to do some painting. She'd also enjoy sharing ideas about meal-planning. Maxine has encouraged parents to come up with projects that don't require much cash but do provide opportunities for them to get together, share thoughts and have a good time. With money from Roane County's parent activity fund, local mothers have decided to buy a used sewing machine, material and thread so they can take turns making clothes for their families. In other counties, parents are repairing their homes by putting on siding, fixing porches, improving heating and wiring, even painting. Money is scarce and transportation is always a problem, but with the families in each area sharing, Home Start's parents are beginning to build cooperative relationships to help each other with mutual concerns.*

* * *

In their weekly calls on families, Home Visitors were following a long tradition of women in service as visiting nurses, homemaker aides, traveling teachers, extension service and nutrition aides, and social workers. Visitors were the backbone of the Home Start program, a corps of overworked and underpaid women who made their programs work and whose reward most often lay in helping families decide what they wanted for themselves when that meant growing away from the program. A dramatic but realistic job description for Home Start's Visitors would show that they often worked between 50 and 60 hours a week and were required to provide emergency first aid, sensitive counseling, job assistance, health information and a host of other supportive services at a moment's notice. Most were responsible for visiting 10 families, but some worked with as many as 16, driving up to 600 miles a week to call on people so isolated they could only be reached by four-wheel-drive vehicles or by foot. As they grew more experienced, Visitors learned different ways of presenting teaching strategies in homes where materials and the money to buy them were scarce. They were expected to identify child and family needs--sometimes through the subtlest clues--and find services to meet those needs. They ferried families to medical and dental appointments, helped organize parent and children's groups, even took care of children while their parents met for social and program business. They did all of this and much more year round and were paid as little as $3,900 in some programs and never more than $7,800.

Most of Home Start's Visitors were women without previous experience in home visiting who discovered in the course of their training and day-to-day work not only their own strengths but also the value of working with their own children. Listen to Linda Big Joe, part Native Alaskan, who became a Visitor with the Fairbanks Home Start program. A young woman with a fine sense of humor, Linda is a single parent with a special flair for working with families that have child-abuse problems.

*"My little boy was in Head Start. He came home with little notes [from Head Start's Coordinator] asking if I'd like to be a temporary Home Visitor and I'd always answer no. I was marooned in my little house with no way to get out. If I did get out we'd all have to walk everyplace--walk to the post office, walk down to get shots...I was living on welfare, trying to find jobs, and budgeting everything right down to the real nitty-gritty. My kind of experience was helpful to my families [as a Home Visitor] because I passed on what I'd known and what I'd done."*

*"I'm kind of easy-going and I like to joke and get my parents to joke. I always had everyone's kids in the neighborhood around me. I thought, how can I really go back to work? I don't have any transportation, I lost one job because my transportation wasn't reliable. Westeen Holmes (Home Start Coordinator) knew about me and my kids and my experience in Head Start and she encouraged me and kept following up, asking me to work. She had the Head Start bus come to pick us up. I filled out an application and learned how to drive immediately--the stick-shift home visit vans. After they accepted my application and told me I was hired, they turned the car over to me that very first day. I thought, Wow, these people are going to trust a stranger? They're going to believe in me? All right!"*

*"When I first came I thought it was very hard, and I had a lot to learn. It was hard getting started. It took me a long time to do the paperwork--so much paperwork, and I'm not very good at that stuff. I feel I've changed in a lot of different ways. I'm learning lots of coping skills, an important thing not only with your families but yourself. It's helped me cope with my own family situation: it's helped me with my kids a whole lot, in asking them to do things, in their showing more love towards me. I used to deal with them fairly well, I thought, and then when I came here I thought well, I'm getting all this good information and I'll do it with my kids. It seemed like they got a lot more from me...I feel it brings me closer to my kids. I have more time--or I take more time--with them. You're gone away from them all day and when you come home you do want to be with them."*

*"This job's even helped me cope with my own mother: it's helped me understand her. It's partly just growing up and seeing, Wow,* *this* *is what you meant, mother..."*

* * *

Home Visitors and the home visit experience represented the major difference between Home Start and center-based programs such as Head Start. Both kinds of programs employ support staff--Directors, Supervisors or Coordinators, and specialists in the four components the programs shared: education, social services, parent participation, and health, including physical, mental, nutrition and dental services. But in Home Start, the home visit and the Visitor herself were critical to program success. In fact, the quality of the relationship between Visitors and families was the key to any progress with parents, both as teachers of their children and as self-reliant individuals. Home Start home visits usually lasted about an hour and a half, and families and Visitors tried to establish a regularly scheduled time to get together. But while visits were originally planned for once a week, they were sometimes cancelled because of group meetings, doctor's appointments or illness on the part of Visitor of family. The participants almost always included the child, a parent (most often the mother) and the home visitor, but fathers, grandparents, aunts and uncles, younger brothers and sisters, and those not yet in school, neighborhood kids and pets often got in on the action. Visits most often took place in the family's living room or kitchen, especially when a table was needed for some of the activities, but in good weather, children and adults alike enjoyed being outside. A Massachusetts Home Visitor said this about different locations for home visit activities: "The floor is definitely the kid's domain and I have to get down there. The kitchen--especially the kitchen table--is the mother's and I guess my domain is my car,where I keep my equipment."

A large part of most visits was devoted to child development activities, with as much participation as possible on the part of the parent. The Home Visitor helped parent and child make a Jack O'Lantern, if Hallowe'en was near, or they all read a book on community helpers together. They may have spent time outdoors developing the child's gross motor skills by running and playing at a nearby beach or park,or played with mirrors, naming body parts, to work on self-image. Visitors also taught children good health and nutrition habits by bringing along nutritious snacks, toothbrushes or soap-and-washcloth kits.

Another part of the visit involved more concentrated communication between parent and Home Visitor. This was the time to discuss problems with social service agencies, personal or family hassles, parent group plans and visits to the doctor or dentist. Many home Visitors helped parents find their way through bureaucratic red tape so they could get food stamps or welfare for the first time. Home Visitors found that after awhile they turned into counselors and spent a considerable amount of time and effort helping parents deal with personal problems, especially those made worse by poverty and isolation. Parents swapped recipes and craft ideas with Home Visitors, too. During this time, the child was often absorbed in a game or outdoor activity. It was a time for Home Visitor and parent to dwell on adult concerns.

Each visit was unique, of course; some were spent entirely on health and incorporated a trip to the doctor, others were "fun" visits involving mainly physical activity. If there was a recent emergency in the family, a visit might be devoted to dealing with it, no matter what else might have been planned. The pattern of visits often changed as parents began to feel more comfortable with the Visitor and with the process of teaching their own children. After awhile, parents sometimes took charge, suggesting educational activities and working with their children during the week preparing surprise projects to show their Home Visitor.

To supplement and support the home visit, Home Start also provided group experiences for both parents and children, opportunities for families to interact in social situations often sorely lacking in their everyday lives. Children participated in group activities similar to those in Head Start classrooms: songs and finger plays, group games, arts and crafts and creative movement. Kids who had played alone most of the time learned that playing with other children meant sharing toys, crayons and scissors. Parents met in groups,too, sometimes at the same time as children's groups. Parents met for workshops in topics such as toy-making, child development and food preparation; for excursions to the library, airport or other local sites; to attend high-school equivalency and skill-building classes or just to socialize. Although Visitors usually organized these groups at the start, parents eventually took over planning and deciding what they wanted to do. Formal Policy Councils gave parents the opportunity to take decision-making one step farther, as their elected Council representatives helped shape the program and select staff.

A typical week for Home Start staff included all these activities and more. Visitors spent a few hours each week in training sessions with staff specialists or outside consultants, brushing up on health and nutrition information, developing educational materials, and sharing visiting experiences. They often consulted with specialists and supervisors, in person or by phone, about particular families and kept records detailing families' problems and progress. An occasional field trip allowed the whole program--parents, children and staff--to get together for a day-long picnic or trip to the zoo.

Home Start staff didn't have to start all these activities from scratch, however. Several Home Start programs evolved from previous home-based projects, and these efforts provided a ready-made fund of expertise and community contacts.[1] In fact, in nine of Home Start's 16 sites, some kind of home-centered program lent impetus to the application of this program's three-year funding. Moreover, Home Start programs were often affiliated with Head Start or another childhood education program. At 11 sites, Home Start was tied in with Head Start in some way: at the least, the two programs were closely allied, sharing education, health, nutrition, parent coordination, and social services staff as well as overall goals, administration, and training. Finally, Home Start drew many of its original staff from the Head Start pool, women with experience as teachers or specialists who lent their child development expertise to the new home-based project.

Whether Home Start programs had staff specialists or not, support for Home Visitors and the parents they worked with--support in the personal rather than the organizational sense--was critical to each program's effectiveness, and that support most often came from Directors, Coordinators, and Supervisors. Responsible for all aspects of program management, these women and men shaped their projects by the force of their personalities and their own individual styles. More than anything else, however, they made Home Start work by seeing that Home Visitors had the means and the confidence to do their jobs and then applauding when those jobs were done well. A case in point is the story of the Greene family, clients of Massachusetts Home Start:

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[1] See Appendix D for a Bibliography of Home-Based Child Development Resources.

*"It was obvious from the first that the Greenes had an awful lot of pride," Home Visitor Donna Ciepley recalls. "They realized that there was something wrong with their little boy, but they didn't know what to do about it. They were reaching out for help." Donna started visiting the family in September 1973 and took to them immediately. "They're the greatest people: goodwill just oozes from this family," she says. Mother, father, six girls and Tony, the baby of the family, live in a cheerful, cozy Cape Cod house in Ipswich. Mr. and Mrs. Greene obviously love kids, and their home is organized around child and adult areas. The large back yard contains lots of trees, flowers, play equipment, rabbits in cages, even a mallard duck.*

*At three and a half years, Tony still wasn't speaking. He communicated with sounds and gestures, was small for his age, and moved like a toddler. Although he was operating at the two-year-old level, Tony was, according to Donna, "a delightful, happy little boy--I didn't feel there were emotional problems there." The family doctor had found Tony small for his age and suggested he was merely slow. Tony's parents took this to mean the boy was mildly retarded, and scaled down their expectations for him. The whole family had become very protective of the boy, supplying words, dressing him, opening doors, and generally making life easier for him.*

*As she worked with mother and son, Donna's concern for Tony mounted. After Home Start staff had observed him both alone and in a group, Family Services Administrator Peter Anastas arranged for Head Start's pediatric consultant, Dr. Marsh, to do a complete physical and Denver Developmental work-up on Tony. Physically, Tony was small but normal. Problem areas were speech and both large and small motor coordination.*

Donna did learn, as she got to know the family better, that a fire in the home when Tony was two had terrified the child and he'd been sleeping in his parents' bed ever since. Dr. Marsh recommended speech therapy and coordination exercises. Donna felt Tony also needed to learn to help himself, and she began working with Mrs. Greene on how to encourage and reinforce independent behavior. It's been difficult for the family to stop doing things for Tony, but it's working. Tony now dresses himself. He's moved out of his parents' room. He's saying six-word sentences, and ventures alone to the mailbox at the end of the driveway. His small motor coordination (with puzzles, nesting toys, cutting, pasting, carpentry) is more advanced than his large motor development, but both are improving.

Mrs. Greene has been an excellent teacher for her son: Donna now takes a back seat much of the time. At the end of a painting session Mrs. Greene told Tony to go wash his hands. Tony twice made childish sounds--which were ignored--and then burst out, "Come with me!" Mrs. Greene turned on the bathroom light, gave him soap and a cloth, reassured him that he could wash his own hands and that she'd be right outside. Tony did wash himself, and in so doing took another step forward. For her part, Donna has learned she must insist that Tony try harder although, as she says, "it goes against my grain. I have to say, 'Tony, that's not good enough: I know you can do better.' When I say that, he will try, he doesn't get frustrated, and he does the activity."

Family Services Administrator Peter Anastas feels Donna deserves a great deal of credit: "Donna did an incredible job to help the family see that certain services are available to them and that any person who qualifies for them can have them. Now they have Medicaid, which is paying in part for the speech therapy." Director Betty Stressenger agrees: "It was clear from the beginning that Donna accepted the family as they were and was deeply concerned for Tony. Also, she respected the family's feelings. In no way was she trying to push something on them...There was a tremendous amount of skill on Donna's part."

* * *

Of the 16 programs which participated in the original demonstration and which are represented in this book, five became federally funded Home Training Centers (Arkansas, Tennessee, Utah, West Virginia, and Nevada); two received regional funding (Alabama and Kansas); one, local city funding (Ohio), and two joined with Head Start for combined programs (Houston, Texas and Alaska).

You'll be hearing from all 16 programs in the following pages, from Directors, Visitors and specialists in the following chapters as they talk about the ways they found to make their home-based programs effective forces in the lives of Home Start families. For the most part, their comments reflect the state of their programs and their own knowledge at the end of the demonstration program in 1975; all staff quoted in this book were working in Home Start at the time they talked with us. Not all, however, had been with their programs for the full three-year demonstration period. Like all programs, Home Start experienced some turnover of staff at all levels from Director to support staff. But, few staff here talk solely about the business of teaching letters, numbers and colors, or the strategies inherent in getting parents to loosen up enough to work with their children in natural, spontaneous ways. Rather, staff in Home Start talk about relationships--between parents and children, between families and themselves, between themselves and their colleagues. We hope the three years' worth of ideas and insights they've accumulated will help you consider why and whether a home-based program will be suitable for parents and children in your community.

## A Quick Look at the Home Start Programs[1]

| **ALABAMA**, Huntsville | Families | | Staff |
|---|---|---|---|
| | Total Served | Quarterly Enrollment (Av.) | |
| | 119 | 83 | 11 full-time staff including 6 Home Visitors |

Sponsored first by TARCOG, a regional government council covering five counties, and in its final year by TARTSA, an independent agency supported by area school systems. Operated in an urban/rural area in northern Alabama.

Like the Tennessee Home Start program, this project was located in the Appalachian Mountains and used a three-phase approach developed for the region by the Appalachian Educational Laboratory consisting of TV-based instruction ("Around the Bend" plus "Captain Kangaroo" materials), weekly classroom sessions for children, and home visits.

| **ALASKA**, Fairbanks | Families | | Staff |
|---|---|---|---|
| | Total Served | Quarterly Enrollment (Av.) | |
| | 79 | 51 | 1 part-time staff<br>6 full-time staff including 2 Home Visitors |

Operated by the Greater Fairbanks Head Start Association, a group organized to carry on Head Start when OEO funding was withdrawn. Served the North Star Borough, an area about the size of Connecticut but with widely scattered communities. Program staff visited families in and within 60 miles of Fairbanks.

Fairbanks Home Start operated under unusual and very difficult conditions. Nearly half the families served were Native Alaskan, many of whom leave the Fairbanks area in the summer. Special obstacles were isolation of families, extreme cold, long winters, cabin fever, and the rapidly changing work and living conditions caused by the coming of the oil pipeline. Cost of living is off-scale, much higher than in the continental U.S.

| **ARIZONA**, Fort Defiance | Families | | Staff |
|---|---|---|---|
| | Total Served | Quarterly Enrollment (Av.) | |
| | 91 | 63 | 11 full-time staff including 8 Home Visitors |

Administered by the Office of Navajo Economic Opportunity, which also ran Head Start, Navajo Homemakers and other community programs on the immense Navajo Reservation stretching from the Grand Canyon in Arizona well into New Mexico. Field offices were about 260 miles apart, with a coordinating office between them.

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[1] Enrollment figures based on second year of program operation: October 1, 1973 to Sept. 30, 1974

ARIZONA (cont'd.)

During the final year, Home Start began using home-visiting materials from the Portage Project in Wisconsin with one group of children. Visitors faced extremely difficult conditions: rugged roads, long distance, changeable weather, and an overwhelming variety of urgent needs. The all-Navajo staff learned to combine Navajo language, culture, and customs with Anglo school readiness requirements.

ARKANSAS, Dandanelle

| Families | | Staff |
|---|---|---|
| Total Served | Quarterly Enrollment (Av.) | |
| 135 | 83 | 1 part-time staff<br>13 full-time staff including 8 Home Visitors |

Administered by a Community Action Agency called the Arkansas River Valley Area Council (ARVAC INCORPORATED) this Home Start program operated in five counties of ARVAC's eight counties in West Central Arkansas.

A large and carefully organized project serving very poor families through eight local offices. Much sharing of administrators, staff and resources between Home Start and Head Start. Home Start was an outgrowth of an earlier program funded by OEO that was built around management and community service aides.

CALIFORNIA, San Diego

| Families | | Staff |
|---|---|---|
| Total Served | Quarterly Enrollment (Av.) | |
| 121 | 65 | 9 full-time staff including 6 Home Visitors |

An urban program operated by the Economic Opportunity Commission which administered Home Start through Head Start.

Political consciousness of this all-women staff was high. Director emphasized participatory management so all staff learned all phases of project operation. Most ethnically diverse program in Home Start, served Chinese, Filipino, Japanese, Guamanian, Samoan, black, white and Spanish-speaking families with Visitors of Oriental, black, Chicano and Anglo backgrounds.

KANSAS, Wichita

| Families | | Staff |
|---|---|---|
| Total Served | Quarterly Enrollment (Av.) | |
| 123 | 76 | 8 full-time staff including 6 Home Visitors |

KANSAS (cont'd.)

Sponsored first by the Wichita Area Community Action Program and later by the Kansas Children's Service League, this was an urban program that grew out of a previous family-oriented Head Start project.

This program developed excellent parent support through children's groups and parents' groups engaged in real problem-solving. The project's good relationship with a local speech and hearing clinic resulted in staff's learning assessment skills while children with special problems also benefited.

MASSACHUSETTS, Gloucester

| Families | | Staff |
|---|---|---|
| Total Served | Quarterly Enrollment (Av.) | |
| 81 | 55 | 1 part-time staff<br>8 full-time staff including 6 Home Visitors |

ACTION, Inc. was the sponsor, a Community Action program serving five small towns on Cape Ann, north of Boston. ACTION operated a small home-based program which eventually became Home Start.

Surprisingly, health, legal and social services are not abundant in the small coastal resort and fishing communities here and the program became notable for its advocacy role. This Home Start program developed good staff unity. Weekly staff meetings featured consultation sessions run by a psychiatric social worker to help staff work as a group, and to provide assistance with specific family problems.

NEVADA, Reno

| Families | | Staff |
|---|---|---|
| Total Served | Quarterly Enrollment (Av.) | |
| 136 | 69 | 4 part-time staff<br>6 full-time staff including 5 Home Visitors |

A project of the Economic Opportunity Board of Washoe County which administered Head Start and Home Start as a joint project. The Board had gained prior home-visiting experience with a 1970 VISTA program.

Head Start and Home Start were extensively coordinated in Reno, with joint group activities for both children and parents at centers and in their neighborhoods. Home Start parents also became paid substitute Head Start teachers. Parents decided to consolidate Home Start and Head Start and are described as "running everything" with the help of staff.

| | Families | | Staff |
|---|---|---|---|
| | Total Served | Quarterly Enrollment (Av.) | |
| **NEW YORK**, Binghamton | 120 | 72 | 11 full-time staff including 8 Home Visitors |

Catholic Social Services sponsored this program and provided office space in a convent. Until third year of funding this program was under the aegis of Opportunities for Broome, a Community Action Agency.

This Home Start operation was preceded by a somewhat similar effort funded by OEO in 1966. Home Start's takeover of the concept, with its new eligibility requirements, meant gradual dropping of many families who no longer qualified, a difficult situation for old families, new ones, and staff members. During the first two years, the program enjoyed excellent parent participation because it offered regular mothers' group meetings as well as children's group meetings, with separate staff for each.

| | Families | | Staff |
|---|---|---|---|
| | Total Served | Quarterly Enrollment (Av.) | |
| **NORTH CAROLINA**, Franklin | 91 | 58 | 2 part-time staff<br>9 full-time staff including 6 Home Visitors |

Macon Program for Progress, a Community Action Agency, operated several other programs in addition to Home Start and encouraged families of preschoolers to take advantage of them. Home Start covered one county in the tortuous terrain of the southern Appalachian Mountains.

Staff visited their proud and isolated families in four-wheel-drive Chevrolet Blazers owned by the program. MPP and Home Start encouraged participation in crafts projects sold cooperatively, sewing projects, home gardens and the sponsor's credit union. Forerunner to Home Start was a traveling Head Start teacher funded in 1967.

| | Families | | Staff |
|---|---|---|---|
| | Total Served | Quarterly Enrollment (Av.) | |
| **OHIO**, Cleveland | 112 | 70 | 11 full-time staff including 9 Home Visitors |

Affiliated with the city's Center for Human Services which also administered family day care, day nurseries, youth services, homemakers, and other programs. Good family services are a tradition in this city.

Served black and Spanish-speaking families on the east and west sides of Cleveland; a few Appalachian families were enrolled. Had one of Home Start's two male Visitors.

**TENNESSEE**, Harrogate

| Families | | Staff |
|---|---|---|
| Total Served | Quarterly Enrollment (Av.) | |
| 123 | 76 | 2 part-time staff<br>9 full-time staff including 5 Home Visitors |

Administered by an unusual education cooperative (Clinch-Powell) and operated in two counties in the Cumberland Mountains of East Tennessee.

Special curriculum developed by staff to accompany the "Captain Kangaroo" TV series was part of the project's three-phase approach of TV-based materials, weekly home visits and weekly classroom experience for preschoolers in a mobile van. This model adapted from Appalachian Educational Laboratory.

**TEXAS**, Houston

| Families | | Staff |
|---|---|---|
| Total Served | Quarterly Enrollment (Av.) | |
| 144 | 64 | 11 full-time staff including 6 Home Visitors |

Strong sponsorship by the Harris County Community Action Agency, a multi-service program with a large Head Start project, among others. Head Start served inner-city children, Home Start reached out to the fringes of Houston and beyond, in one huge county.

Home Start families here were black and Spanish-speaking, and most lived in small towns near Houston. A major problem was lack of transportation and community services.

**TEXAS**, Weslaco

| Families | | Staff |
|---|---|---|
| Total Served | Quarterly Enrollment (Av.) | |
| 126 | 86 | 10 full-time staff including 7 Home Visitors |

A project of the Texas Migrant Council, served migrant workers in the lower Rio Grande Valley, at the southern tip of Texas.

This was an interesting set-up in which the program ran for nine months or so (depending on the weather) and closed when the migrant stream moved north. Some Visitors accompanied migrant workers, teaching in Head Start centers at migrant camps and returning to take up Home Start duties in the fall.

**UTAH**, Millville

| Families |  | Staff |
|---|---|---|
| Total Served | Quarterly Enrollment (Av.) |  |
| 201 | 73 | 1 part-time staff<br>14 full-time staff including 8 Home Visitors |

Sponsored by the Northern Utah Community Action Program, served three large counties in northeastern Utah.

Affiliation with Head Start: shared staff and training resources. This rural part of the Rocky Mountains is strongly influenced by Mormon beliefs in self-sufficiency and the work ethic.

**WEST VIRGINIA**, Parkersburg

| Families |  | Staff |
|---|---|---|
| Total Served | Quarterly Enrollment (Av.) |  |
| 218 | 139 | 21 full-time staff including 15 Home Visitors |

Strong regional agency (West Central West Virginia Community Action Association) as sponsor. The agency also operated Manpower, Rural Arts and Crafts, and other community-based projects; it underwrote salaries of some Home Visitors for Home Start.

Largest of the Home Start projects, served extremely poor and isolated families in nine Appalachian Mountain counties. Program was built on the OEO-funded Preschool at Home.

# CHAPTER 2

# GETTING UNDERWAY

What's in This Chapter:

- Finding and Hiring Staff
- Recruiting Families
- Assessing Family Needs
- Arranging for Services and Resources

Home Start programs got off the ground, in mid-1972, with varying degrees of success depending on local conditions and the expertise and stability of key staff members. Those with the fewest problems were usually programs that had been preceded by somewhat similar home-based efforts or programs closely allied with Head Start operations. In both cases, key personnel already had good contacts with their local service communities and were able to assemble their programs by drawing from an existing pool of expertise. Where Home Start and Head Start were seen from the beginning as joint parts of an overall child development program, Home Start reaped the benefits of Head Start's reputation, contacts and on-staff or consulting specialists. In other regions, Home Start started from scratch with new staff and no in-place network of cooperating community agencies. For these programs, getting underway took longer and was often a matter of one-step-forward, two-steps-back. At every site, however, assembling a program meant gathering a staff, finding eligible families, and assessing what services and support each family and child would need.

## FINDING AND HIRING STAFF

It's axiomatic but worth repeating that a child development program is only as good as the people it hires to work directly with children. Directors and supervisors of center-based programs quickly become adept at judging what kind of person works well with children individually and in groups. Staff for home-based child development projects need similar skills and the same tolerance for demanding work (usually at low pay), but they also need to be able to establish rapport with adults if they're going to work effectively with families. The following questions are issues that Home Start programs wrestled with in selecting the men and women who would work with parents, children, and community agencies.

### Who Decides Which Staff Are Hired?

Finding candidates for staff positions is most often the responsibility of the program's Director. In Home Start, Directors found their best candidates through other community agencies or from referrals within the sponsor's own organization. These candidates had the obvious advantage of being familiar to the people with whom they would work. Some good personnel came to Home Start through state employment service listings and through advertisements in newspapers and community publications; both of these avenues are required of federally-funded programs for compliance with Equal Employment Opportunity regulations. Finally, several programs hired staff formerly employed by community services, people with experience as homemaker aides, public health or nutrition aides, or outreach workers for social service projects.

Once Home Start was off and running, parents and parent councils usually had a voice in deciding who was hired. During start-up, however, some programs were hiring staff at the same time they were recruiting families. In Alabama, for instance, this meant that the sponsor's staff and Home Start personnel already aboard did the initial hiring. Parent representatives were elected as quickly as possible in the program's "pocket areas" and helped review and approve later candidates. In other programs, some parent councils were content to leave personnel decisions to Home Start staff, routinely approving candidates recommended by the Director; others became strong decision-making bodies. In Cleveland, the established parent council successfully disagreed with their Director's choice for a staff replacement and found another candidate acceptable to everyone.

Directors, parents and other staff all have a stake in decisions about who is hired, but programs differed in the amount of input from these three groups. In Alaska, for example, the major decision-making was done by the Coordinator and other staff, who conducted extensive interviews with candidates. The Parent Policy Council acted to approve their choice. In other programs, administrative staff decided on two or three top candidates and referred them to the Parent Policy Council, which made the final selection. This was the case in New York, where preliminary interviews were done by the Director and Deputy Director, and in Alabama, where Home Start's Head Teacher screened candidates and referred them to the Coordinator and Director, who, in turn, referred the top candidates to the Parent Policy Council. In Kansas, parents had even more say; the preliminary selection committee, composed of the Director, staff, and four parents, recommended a candidate which the Parent Policy Council approved. The Director felt this arrangement had drawbacks, however, since parents didn't know enough about day-to-day operation of the program and staff wanted to have more say in whom they worked with.

A common refrain heard from both parent council members and Home Start staff was the difficulty of trying to project how candidates would actually perform with families in their homes. (Taking candidates on home visits was deemed unrealistic and unfair to both families and prospective staff.) North Carolina did find a way to observe candidates in a working situation by inviting them, along with program parents, to participate in three weeks of child development training and orientation to Head Start and Home Start. No candidates were guaranteed jobs after training, which meant that applicants had to be able to invest three weeks in this process. Training that includes a stint in a Head Start or similar center is useful to help staff evaluate candidates' abilities with children and with other adults. Most Home Start and Head Start staff in North Carolina were hired under this procedure.

Where programs weren't able to evaluate applicants on the job, they often asked hypothetical questions or used role plays to judge how prospective staff might respond to different situations. Kansas' selection committee covered possible real-life situations like these:

What would you do if...

- the man in the family came home drunk during your visit and wanted to be part of the activities?
- you consistently had no place to sit in the home?
- the family kept refusing to get needed dental treatment for a five-year-old?
- as a male Home Visitor, the mother came to the door in a negligee or wanted to make a date?
- you suspected the mother of abusing one child?

## What Qualities and Qualifications Should Staff Have?

In Home Start as elsewhere, Directors exerted profound influence on the style and degree of success their programs achieved. (At some locations, Coordinators, and Supervisors and Deputy Directors were de facto Directors, handling all the tasks and responsibilities of this position with a different title. Whatever their formal designation, these individuals shaped and supervised the day-to-day operations of their programs--we'll call them Directors here for the sake of brevity. A full description of management roles is included in Chapter 5.) Like the majority of their staff members, most Directors were women--black, white, Spanish-speaking and Navajo--with a wide range of backgrounds. Many had degrees, either in early childhood development, home economics or social work, and the rest had extensive experience in child development programs or community-based human services endeavors. They ranged in age from the late twenties to mid-fifties and they spoke in soft drawls and midwestern twangs and the clipped cadences of the east. One Director agonized over the plight of her migrant families and another was trying to make a small dent in the overwhelming problems faced by the Navajo nation. In short, there was no typical Director for Home Start.

Job descriptions simply don't convey the real requirements for this function. Directors must be able to engender respect and at the same time personal rapport with individual staff members. They must be comfortable with management systems and paperwork, able to set realistic schedules and help others meet them, and they should be able to cope with the public relations demands of a community-based operation. It helps if they have contacts with the social-service and medical establishments in their locales. In Home Start, Directors spent at least half their time in non-administrative tasks, planning and leading staff training sessions, supervising Visitors on the job, lending a hand with logistical problems on referrals or Parent Policy meetings, even helping families directly in crisis situations. Home Visitors considered them a resource for themselves as well as for their families. Most Directors had phenomenal energy and enthusiasm and were able to inspire these qualities in their co-workers. Look first for experience or credentials in the field and then for as many of these personal attributes as you can discern in one individual and chances are you may have a Director or Director material.

Keeping in mind these qualities, credentials for specialized staff in Home Start were generally straightforward. Health specialists were commonly R.N.s or L.P.N.s; nutrition specialists were often nurses or home economists; social services specialists seldom had social work degrees but were instead familiar with community service agencies and sometimes veterans of federal, state or local bureaucracies. Education, curriculum, and speech specialists tended to hold degrees in their fields. All these people will be discussed in conjunction with the special services they provided in Chapters 3 and 4.

Because they work most closely and consistently with families, the qualifications for Home Visitors are of major concern to staff and parents. Along with personal attributes, we'll discuss two other issues: non-professional vs. professional Home Visitors and men in home-based child care. First, some general considerations for staff selection:

Language, Cultural or Ethnic Match with Families: While this is clearly a requirement that programs ignore at their peril, cultural match is sometimes more difficult than it appears. In the Navajo nation, clans on different parts of the Reservation have different traditions and different dialects. A Home Visitor from an outside clan would take considerably longer to establish a relationship of trust than someone with blood ties. In another case, the poor roads of the Southern Appalachian Mountains have isolated language as well as people. Local speech patterns hark back to an older form of English. Said one Director, "A little girl might say, 'Would you like to nurse my baby?' and she wouldn't mean nurse it, she'd mean hold it. She might say, 'Would you like to buss my baby?' and she'd mean 'Do you want to kiss my baby?'" In choosing staff, programs should be sensitive not only to broad cultural differences but also to the nuances of differences within ethnic groups.

Local Staff: As the above examples suggest, local staff may not be considered "local" by some families. Nevertheless local residents are preferable to outsiders because they're more easily accepted. Be careful, however, of having Visitors serve families with whom they are too close: the Visitor may not be able to remain objective and the family may become too dependent on each other.

Age: Home Start's Home Visitors averaged 34 years old, but their ages ranged from 18 to 59. Other personal characteristics seemed much more important than age in determining a Visitor's success; older women sometimes had more energy than young ones, as well as considerable maturity. It is, however, important to consider the relative ages of Home Visitors and parents they visit; some young Visitors felt uncomfortable working with older parents.

Parenthood: While it's invaluable for Visitors to have experience in caring for young children, few Directors felt these children should necessarily have been the Visitors' own, particularly where candidates had other desirable personal qualities. About 80% of Home Start's Visitors were raising or had raised children of their own.

Directors and Home Visitors in Home Start all had strong feelings about the personal qualities staff need. Here are the most common characteristics mentioned. Visitors should:

- be able to maintain their own identities and not get too personally involved with families
- not take problems home with them
- make friends with families in order to communicate effectively
- not be frightened of unusual situations
- be able to show genuine concern but be empathetic rather than sympathetic
- be able to organize time and paperwork
- have reasonably good standing in the community so they can be good models for families
- be interested in learning and growing personally
- not push values on families or have parents push them on Visitors
- know how much pressure they can take and how to communicate what they need
- be able to respect privacy
- not be preoccupied with their own emotional problems and inhibitions
- be able to point out problems in ways that are constructive, not disrespectful
- be able to recognize the strengths of families and magnify them
- be able to anticipate problems in order to avoid them.

To this superhuman list, Director Esther Cunningham of North Carolina Home Start would add that Home Visitors should be strong physically and emotionally. "We need both, particularly in our mountain region where the roads are so bad and so rough. You can ask 'How do you find all this?' and I don't think you can. I'm saying that a perfect Home Visitor would have all these, and no person is perfect."

## Professional vs. Non-Professional Visiting Staff

Home Visitors do not need to have degrees and years of professional child-care experience, according to Home Start's Directors. All of them agreed that the personal and affective characteristics of Visitors are of primary importance and that credentials are secondary, but not all greeed on just how secondary. The Clinch-Powell Educational Cooperative (sponsor of Tennessee Home Start) is committed to supporting certified and qualified public school teachers in its region rather than people holding positions because of patronage, and consequently opted for formal education. Your own program priorities will have a lot to do with your choice of staff. Programs serving Navajo, Chicano, or a multi-ethnic mix of families for Home Start were primarily concerned with finding sensitive Visitors who could help families grow in two cultures without slighting either.

Overall, almost half the Visitors in Home Start had no education beyond high school and only 10% had college degrees. Even staff with academic credentials were required to complete the same pre- and in-service training provided to non-professional newcomers. Social service programs have long drawn strict lines between professional and so-called paraprofessional positions, mostly on the basis of formal education and college classroom experience, and acknowledged the distinction with pay and status discrepancies. Only recently has the Child Development Associates (CDA) certification been established to recognize actual program experience as a valid means of fulfilling accreditation requirements. This is only a small step toward acknowledging the fact that non-professional staff are often more readily accepted and in the long run more effective at the grass-roots level than people with a theoretical background but no experience with the problems they'll be facing. Said New York Deputy Director Hannah McCarthy, who herself holds several post-graduate degrees, "The Home Visitors here often hear more about a family's personal problems than the social workers; families are more open with them."

In Fairbanks, Native Alaskans accounted for nearly half of Home Start's families. Two of the four visiting staff were also Native Alaskan, and none had previous experience. In this case, the emphasis on non-professional staff was a reflection of the Coordinator's view of the Visitor role. For example, in working with families reported for child abuse, Coordinator Westeen Holmes felt that non-professionals could get closer to families and help them deal with the underlying situations that allow child abuse to occur. Paraprofessionals are often more effective, she maintained, than the professional workers in local agencies who appear threatening to families. "Paraprofessionals not only provide information in a concrete and sometimes very professional way," Westeen observed, "but they're also the key to the layman's way of presenting information and really getting across to parents who need help."

Most job descriptions are fairly formal and are developed by a Director or other program planner, but in Alaska, descriptions were written by staff themselves. Called "Job Roles," they were reworked each time a new staff member came aboard. The Home Visitor's Job Role that follows in Figure 2-1 illustrates the way Alaska staff clarified their expectations for each other and agreed on ways to cooperate.

## Men in Home Start

During Home Start's three-year demonstration term, only two men worked as Home Visitors, and only one of these, Mike Taylor of Cleveland, held the job for as long as a year. The only barriers to men in this role were cultural ones: the social taboo against males visiting married women at home without a husband present, and the long-standing sex-role stereotyping that discourages men from working with young children for a living. "I'd like it if there were more men in the field of child-care and in this program particularly," Mike Taylor admitted. "I don't like feeling too special." Mike didn't have the childrearing or homemaking experience of the mothers he visited, but he did offer families another kind of model. "I try to provide a big brother image to most of the kids I visit," he explained, "and for some, the image of a father." He did this by taking families and groups of kids on field trips and special activities and encouraging children to touch and get affection from him. "It's important for them to know that men are loving people too," he felt.

Initially, new families may be unaccustomed to seeing a man in the Visitor role. "But after husbands or boyfriends see me with the kids, there isn't any jealousy. Actually," Mike said, "being young--23--was more of a drawback at first." Mike Taylor joined Home Start after operating a summer recreation program van for three- to eight-year-olds and tutoring for Cleveland's Board of Education. He wants to finish his B.A. in Elementary Education and continue to work with young children.

Other male Home Start staffers were more readily accepted because they held positions of authority as specialists or supervisors. One Director felt his staff was stereotyping him by expecting him to solve minor problems--such as transportation difficulties--when his administrative responsibilities only allowed him to devote some of his time to Home Start. "When they came to me asking, 'What do you want me to do?' I'd tell them they had to work it out with the supervisor and their other colleagues," he said.

"Mothers were initially a little uncomfortable with me as an office staff member who could help with problems which often

Figure 2-1

## ALASKA HOME START

## JOB ROLE - HOME VISITOR

PURPOSE: Home Start Program Objectives

1. To involve parents directly in the educational development of their children.
2. To help strengthen in parents their capacity for facilitating the development of their own children, based on the premise that parents are the first and most influential educators of their children.
3. To develop and stress individual and group effectiveness in dealing with these problems.

RESPONSIBLE TO: Home Visitor Supervisor, Families, Director

ACTIVITIES: (Tasks)

1. Relate to parents and children on a one-to-one basis.
2. Provide materials for parent education pertaining to child development.
3. Offer assistance to parents on nutritional needs, also health, education; arrange for medical and dental appointments and screening; provide (if necessary) transportation.
4. Plan field trips for children and parents if possible. Instruct through use of materials and educational toys made available by the center (home-made or purchased).
5. Be able to communicate effectively with Director and appropriate Head Start staff.
6. Work toward involvement of parents in total development of their children.
7. Through practice of a helping relationship, teach parents problem-solving and coping skills.
8. Keep reports and records daily.

EXPECTATIONS: From Others

1. Be aware of your own limits--don't promise anything you can't deliver.
2. Comprehension of proper use and value of educational materials.
3. Seek help if you need it.
4. An understanding and awareness of the cultural differences of families; respect and acceptance thereof.

5. Accept people.
6. Attend training sessions.
7. Accept TOTAL responsibility for your job.
8. Attend Parent Dinners.
9. Don't get hung up on preconceptions.
10. Be willing to listen.
11. Accept criticism (constructive).
12. Be willing to let people help themselves. (Don't go as a "savior" and don't build dependence.)
13. Be reliable.
14. Share learning experiences with the rest of the staff.
15. Respect confidentiality.

EXPECTATIONS: Of Others

1. HELP!!!
2. Be tolerant and patient.
3. T.L.C. (Tender Loving Care)
4. Pleasant and congenial atmosphere.
5. Someone to unload on.
6. Concerned relationship for individual needs.
7. Share your learning experiences with us.
8. Don't expect too much from us.
9. Be reliable.
10. A word of encouragement now and then.
11. Be honest.
12. Give constructive criticism.
13. SMILE.

involved men in their lives," said Peter Anastas, Gloucester (Massachusetts) Family Services Administrator. Peter's job was to help with referrals for legal, housing, medical, and special social-service problems. "As we had more social occasions to get acquainted--covered-dish suppers and picnics and field trips," Peter recalled, "that discomfort disappeared."

In Home Start, most Director positions held by men were shared-time jobs in which the individual was responsible for administering other programs as well. As often as not in such situations, day-to-day management and supervision were handled by women. The same constraints that have traditionally relegated women to low-ranking posts and men to supervisory ones are still in force in the educational field as well as most areas of society, and this is clearly true in the sphere of child care.

As soon as each program had hired its core staff an intensive pre-service training course was conducted for all employees. These sessions, ranging in length from a few days to a few weeks, prepared staff to begin working in the home and oriented them to Home Start's policies and procedures. Pre-service training was only a beginning and was followed by regular in-service sessions once visiting was underway. Both kinds of training are discussed in detail in Chapter 5.

## RECRUITING FAMILIES

Finding eligible families and convincing them that Home Start could help them was a time-consuming process requiring patience and tact. Local Home Start programs found it valuable to decide before they began their searches just where they'd look for families, what they'd say in the initial interviews and how they would shape parent expectations. "You can't just whiz in and have them sign a form," said Linda Reasoner, Arkansas' Assistant Director. "You have to spend time explaining the scope of the program." This is especially true for isolated families whose experience may not include daily trips to town, dealings with welfare offices, or even purchase of books and educational materials for their children. Like all start-up activities, first-time recruitment has distinct requirements: information about families and their locations, definition of the program's purpose, and program publicity.

Publicity--getting the word about your program to potential families and the community at large--is an important, long-term investment in the recruiting process. The Massachusetts Home Start program had only four staff on board when it began recruiting families, but one had experience in public relations and another was a professional writer in his spare time. "We knew that Gloucester is a 'grapevine' town as far as community news is concerned," said Family Services Administrator Peter Anastas, who's lived there all his life, "and we set out to make Home Start a household word." Peter and Home Visitor Supervisor Nona Porter wrote news releases on the letterhead of the program's sponsor and got these, as well as feature stories written by Anastas, into local papers. They wrote public service announcements about Home Start and got them aired on local radio and TV, and they papered community bulletin boards with information. Three staff were interviewed on radio and appeared on a Boston TV talk show. Gloucester's concerted campaign even included setting up tables at shopping centers to distribute pamphlets and talk with people about this new program.

It helped that Peter and Nona had lived in Gloucester for years and were known by many residents. In these early months, they referred to Home Start as a "preschool education program for your child at home" and steered away from identifying the project as one for low-income families to avoid stigmatizing people with the label "poor." Response from families ineligible because of income led staff to be more explicit in subsequent recruitment efforts. But when they began knocking on doors, staff found their publicity campaign had indeed reached many eligible families, and the program's recruitment was completed in three months

When families were too isolated to be reached by media campaigns, Home Start programs aimed their publicity at staff in community agencies who might know of eligible families, particularly in southern Appalachia and the Ozark mountain areas. In the Navajo communities of Arizona and New Mexico, Home Start relied on tribal councils throughout the Reservation to spread the word. Some programs combined their publicity efforts with calls for new local services or special rates for services used by Home Start families; others developed their own slide shows and picture displays to present to local groups or agencies who might be able to offer services or lists of potential families. Lists and general expertise often came from welfare and public health departments.

Most Home Start programs, to minimize traveling time for Visitors and transportation expenses for their projects, elected to serve groups of families in specific areas rather than scatter their clients over broad areas. But even this approach meant considerable time spent on recruitment. Alabama's program was affiliated with a regional agency serving five rural counties. Here, staff preferred to identify likely pocket areas in each county where eligible families were clustered before hiring Visitors, to allow families to help select their local staff. To identify pocket areas, two teachers and a teacher aide met in each county with personnel from Community Action agencies, school boards, and departments of public health and welfare. In each case, they supplemented the information they gained from these people with figures from school surveys and the census. Eligibility criteria included annual income within federal poverty guidelines, isolation, and age of children. Trying to recruit isolated families meant hard driving and even harder walking for many Home Start staff from Alaska to Texas. In North Carolina, two Visitors walked nearly five miles along a rutted mountain road to find one family. (The story ended happily, however; not only was the family interested in the program, they also showed the women a short cut back to the main road where they'd left their car.)

After Houston staff had compiled statistical information and tips from Community Action people, they took to their cars to scout promising areas in the rural fringe of this Texas city. Visitors developed a keen eye for indications of preschool children--toys in the yard, clothes on the line, playpens and so on. They looked for neighborhoods were children were plentiful and money seemed scarce. "The best way to get families involved," said Houston Social Services Coordinator Ruthie Wyatt, "is to work with their neighbors. If you can get one on the street, the others will come to you."

"Getting the addresses and names of families and knowing where they live is nothing compared with walking up to that front door and not knowing what will happen when it opens," said one Visitor. But most staff with two or three recruitments behind them were philosophical. "I've never had much trouble," Geralene Henry of North Carolina asserted. "Mountain folk are naturally friendly and it helped for me to be from the same area as the families I visited. We spoke the same language, and I even knew some of the families before Home Start." Even Visitors who hadn't lived in the area for a long time found it useful to mention names of other local families they'd contacted, whether they'd already been enrolled or not. Alabama staff found it helped to take along someone from a local agency or the sponsor who knew the family "so we wouldn't go in cold." Gloucester's Home Start gained entree by presenting its program as primarily educational. Said one staff member, "The town was very education-minded and there was no public kindergarten at that time."

How you introduce your program to potential participants requires some thought. At first, Arkansas and several other programs described Home Start "as a kind of version of Head Start because people were more familiar with that name," said one staff member. North Carolina said Home Start was "a branch of Head Start, but with an important difference: we want parents to do the teaching and we'll help." Alabama Coordinator Paulette Spicer recalled, "I had to talk about Head Start and about preschool education primarily. The health services were also interesting to families so I emphasized those three things. It didn't result in the best understanding by families of what their role was to be in the program, but it was a way to get in the door and get people interested."

Patience is a prerequisite for recruiting. "We just expect that with some families you have to go back three or four times until they understand and there's enough trust for them to be able to make a decision about becoming part of the program," one Director said. Arkansas Assistant Director Linda Reasoner concurred. "Going back several times is particularly important when you're trying to talk with the father of the family. Fathers in this area are very definitely the head of the household and they're not home during the day. You may talk with the woman, but you have to go back the second or even third time to get the father's opinion, and he has to be willing to have the family involved." Occasionally, Visitors had to convince men that their wives could use the help Home Start had to offer. Houston staff came to expect a certain number of drop-outs after recruitment because fathers did not understand the program and didn't want their families involved.

"We don't sell it as a school readiness-type program," Linda Reasoner explained. "We say we'll help the mother know what to do with her children and help her prepare her children for the future. We say there'll be a chance for meeting with other parents to learn new things like canning, sewing, or community projects." This covered what families could expect from the program, but it was just as important to establish what the program expected of parents. Staff in Arkansas and Alabama felt strongly that families as well as staff should be aware of their responsibilities. Both developed simple contracts for families to sign as evidence of their intentions. Arkansas' contract stated, "I understand that the Home Visitor will come into my home once a week, other people will be with her on occasion, I will need to be present for the home visit." Alabama's contract (see Figure 2-2) was an agreement for the home visit activities and also an acceptance of the testing requirements, since this site was part of the overall three-year evaluation of Home Start.

"It's wrong to emphasize the expectations of the program at the beginning," disagreed Hannah McCarthy, Deputy Director of the Binghamton, New York program. "We're here to help the mother reach the goals she has for herself and for her children," she believed. Binghamton staff carried this approach a step further by encouraging mothers to identify problems. "What's your biggest gripe?" was one question they asked to help women begin to identify what they did want for their families.

## ASSESSING FAMILY NEEDS

While most Home Start programs got underway in the spring or summer of 1972, it wasn't until October of that year that programs systematically evaluated the needs of the families they were serving. As Home Start became more organized and procedures were shaken down, each program developed its own way of assessing family needs, usually within a month of each new family's enrollment. The need for this kind of evaluation should be obvious: Home Visitors can't make coherent plans for children or their families until they know where they're starting from.

Two kinds of assessment were commonly used: evaluation of a child's developmental progress to help Visitors plan an individual educational program, and assessment of what the family as a whole needed for general health, stability, or comfort. Results of child assessment might indicate the need for special help with a learning disability, while the family as a whole

Figure 2-2

## CONTRACT BETWEEN THE

## TOP OF ALABAMA REGIONAL COUNCIL OF GOVERNMENTS HOME START PROGRAM

## and

______________________________

(Name of Parent)

______________________________

(Date)

As a part of a requirement to participate in the TARCOC Home Start Program, I, ______________________, parent of ______________ ______________, agree to participate in the following activities:

1. Give my permission to the TARCOG Home Start Program to evaluate all of my children.
2. Agree to provide information to the community interviewer who will possibly visit my family as a part of the evaluation.
3. Give permission for my children to participate in any field trip sponsored by the TARCOG Home Start Program.
4. Give permission to take and use any picture of my family to be used for local, state, or national purposes in describing the Home Start Program.
5. Agree to view daily "Captain Kangaroo" CBS Program, selected by the TARCOG Home Start Program. This program is on from 8-9 a.m.
6. Agree to have my children dressed and ready for each week's center activities.
7. Agree to participate in parent group meetings on a monthly basis.
8. Agree to participate and cooperate with my home visitor and other Home Start staff in activities relating to my children to the best of my ability.

______________________________

Signature of Parent

______________________________

Address

______________________________

Phone No.

may need a better diet or welfare assistance. Home Visitors generally bore the burden of family needs assessment where education and social-service specialists were not readily available, since some programs felt Visitors were more objective interpreters of such needs than families themselves. At other sites, staff preferred to let parents identify their own problems.

Visitors throughout the program quickly learned that assessment often had to wait until serious needs for food, shelter, or medical attention could be met. "You can't teach anything when people are hungry--we all know that," said Estela Aguilar, Coordinator of the Texas Migrant Council's Home Start program. But survival needs, as a West Virginia Visitor pointed out, "can be many things--employment, getting food stamps, or even worrying about how to meet with a child's teacher when no transportation is reliable." Visitors were often forced to determine which needs were critical and which could best be addressed with a longer-range plan. To introduce order to this process, Binghamton, New York staff adapted what Deputy Director Hannah McCarthy called "an organized lead for Home Visitors." This form was usually completed by the end of the third home visit and provided a guide in developing an individualized plan.

Working with Ms. McCarthy, Visitors assigned priorities to the problems revealed by the assessment. Gross safety problems were handled at once. Said Hannah, "A child won't die of starvation during the week, but he may swallow the Clorox if such health hazards aren't taken care of first." Health, emotional or financial problems in the family came next, while for the child, strictly cognitive activities weren't undertaken until muscular coordination and a healthy self-image had been addressed. New York Home Visitors also used an organized assessment form for children, part of which is shown in Figure 2-3.

Where critical needs were widespread, as on the Navajo Reservation, it was difficult to know where to begin. Coordinator Pauline Marshall said a quick assessment of family resources wasn't hard. Said Pauline, with a smile, "If they have some cattle and sheep grazing, they're probably not too bad off. But if they live in a run-down shack, only have commodity foods, and there are two pick-up trucks outside, then they have a little money but it's all going into pick-ups." What was difficult in her program, she continued more seriously, was developing Visitor expertise in identifying subtler problems such as language difficulties or learning disabilities that may hamper a child's development. Navajo Home Start had to train Visitors in special screening because the program had no funds to cover specialists or the travel involved in getting them to isolated families.

In Tennessee, where families were geographically closer, Visitors completed an informal needs assessment for each family during their first month in the program. At the same time, Supervisor Desmond Tarter visited new families to evaluate their needs and the program's Nurse called to check on their health problems. Together, the Visitor, Supervisor and Nurse sat down and formulated plans to secure necessary services. For education needs, Visitors could call on the Field Supervisor in Home Start's sister program, the teachers who operated Home Start's mobile vans, and the program's curriculum specialist.

"The real way to assess families' needs," said Nevada's Home Visitor Supervisor Barbara Keith, "is for parents to decide and to talk over their decisions with the Home Visitor." Nevada staff used a Family Profile sheet for recording general needs and a comprehensive child development measure, the Santa Clara Inventory of Developmental Tasks, to check child skill development in nine learning areas. The nine areas and some indicators used by Home Visitors to assess skills in each have been summarized from the assessment scoring sheet and appear in Figure 2-4. More than a checklist, the Inventory also help parents develop their own

## NEW YORK HOME START

## CHILD STUDY RECORD

NAME____________________________ AGE________ DATE OF EVALUATION________________

I. Physical Development

A. Motor Development

| | Not Yet | Needs Help | Does Well | Comments and Plans for Activities |
|---|---|---|---|---|
| 1. Large muscles: Does the child ... | | | | |
| a. Skip? | | | | |
| b. Balance Beam 2" 4" 6"<br>Run | | | | |
| c. Fall down often? | | | | |
| d. Use his feet alternatvely going upstairs? | | | | |
| e. Ride a tricycle? | | | | |
| f. Climb? | | | | |
| g. Handle large blocks? | | | | |
| h. Jump? Down | | | | |
| Broad | | | | |
| i. Hop on left foot? | | | | |
| Hop on right foot? | | | | |
| 2. Small muscles: Does the child ... | | | | |
| a. Use scissors? | | | | |
| b. Handle crayons? | | | | |
| c. Handle paint brushes? | | | | |
| d. Handle small blocks? | | | | |
| e. Manipulate zippers? | | | | |
| snaps? | | | | |
| buttons? | | | | |
| shoe laces? | | | | |
| buckle? | | | | |

Figure 2-3

## I. Physical Development (Continued) (2)

### A. Motor Development

| 3. Eye-hand Coordination: Can the child | Not Yet | Needs Help | Does Well | Comments and plans for activities |
|---|---|---|---|---|
| a. Catch a ball? | | | | |
| b. Throw a ball? | | | | |
| c. Pour from a pitcher? | | | | |
| d. Work puzzles? | | | | |
| e. Use carpentry tools? | | | | |

| B. Activity Level | Often | Infrequently | Never | Comments and plans for activities |
|---|---|---|---|---|
| 1. Energy & Endurance Does the child ... | | | | |
| a. Appear tired? | | | | |
| b. Become restless? | | | | |
| c. Display nervous mannerisms? | | | | |
| d. Show fatigue after physical activity? | | | | |
| e. Appear relaxed? | | | | |
| controlled? | | | | |
| tense? | | | | |
| **II. Emotional Behavior** | | | | |
| A. Acceptance & Expression: Does child... | | | | |
| a. React to expressions of affection? | | | | |
| b. Seek affection and approval from adults? | | | | |
| from peers? | | | | |
| c. Express affection towards others? | | | | |

Emotional Behavior (Continued)

B. Fear and Anxiety

| 1. Sources: Does the child... | Often | Infrequently | Could Use Help | Comments and Plans for Activities |
|---|---|---|---|---|
| a. React to unfamiliar people favorably? | | | | |
| unfavorably? | | | | |
| b. Appear frightened by particular things? | | | | |
| 2. Handling of fear and anxiety: Does the child ... | | | | |
| a. Express fear directly? | | | | |
| b. Seek reassurance? | | | | |
| c. Recover quickly/or prolong reaction | | | | |
| C. Frustration<br>1. Response to frustration: Does the child... | | | | |
| a. Leave the situation? | | | | |
| b. Express anger (crying, hitting, etc.) | | | | |
| c. Try alternative method of reaching his goal? | | | | |
| d. Seek or ask assistance? | | | | |

NAME ______________ DATE ______________

BIRTHDATE ______________ SCHOOL ______________

TEACHER ______________ GRADE/TYPE OF CLASS ______________

INVENTORY
OF
DEVELOPMENTAL TASKS
An Observation Guide
(PART OF SANTA CLARA ASSESSMENT TOOL)
(El Dorado County Revision)
1972

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Thinking | Sorts One Way | Uses One-to-One Correspondence | Orders Sticks by Length | Orders Previous Sequences | Orders Size Sequences | Builds Previous Concepts | Compares Size and Number | Sorting Two Ways | Recognizes Differences | Orders Numbers | Sorts Three Ways |
| | | | | | | Expressing Language | States Physical Needs | Counts to Ten | Gives Opposites | Names Animals | Comprehends Recent Events | Defines Words | Describes Common Object | Recognizes Tenses | | | | |
| | | | | | | Receiving Language | Recognizes Day and Night | Under-stands Position | Recognizes Colors | Understands Function | Names Body Parts | Relates Words to Pictures | Comprehends Directional Commands | Recognizes Tenses | | | | |
| | | | | | | Auditory Memory | Performs 2 Commands | Repeats Simple Sentences | Performs 3 Commands | Repeats Sentence | Repeats Clapping Sequence | Repeats 4 Numbers | Recalls Story Facts | Repeats 5 Numbers | | | | |
| | | | | | | Auditory Discrimination | Hearing Screening Results | Discrimi-nates Between Common Sounds | Identifies Common Sounds | Locates Source of Sound | Hears Difference Between Words | Matches Rhyming Sounds | Matches Beginning Sounds | Matches Ending Sounds | | | | |
| | | | | | | Visual Memory | Recalls Animal Pictures | Names Objects From Memory | Recalls & Replaces 2 Objects | Recalls 3 Color Sequences | Reproduces Design From Memory | Recalls 3 Picture Sequences | Recalls 3-part Designs | Recalls Word Forms | | | | |
| Vision Screening Results | Visual Acuity | Color Vision | Visual Coordination | Refractive Error | Visual Perception | Matches Color Objects | Matches Form Objects | Matches Size Objects | Matches Size & Form on Paper | Matches Direction of Design | Matches Numbers | Matches Letters | Isolates Visual Images | Visual Perception | | | | |
| | | | | Eye-Hand Coordination | Follows Target with Eyes | String Beads | Copies a Circle | Cuts With Scissors | Copies a Cross | Copies a Square | Copies a Triangle | Copies Symbols | Copies a Divided Rectangle | Copies a Diamond | | | | |
| | | | Coordination | Creeps | Walks | Runs | Jumps | Hops | Balances on One Foot | Catches and Bounces | Skips | Balances on Walking Beam | Jumps Rope Assisted | Jumps Rope Alone | | | | |
| | | | | | Level I | | | | | Level II | | Level III | | Level IV | | | | |

Figure 2-4

INVENTORY OF DEVELOPMENTAL TASKS

activities for children. Visitors helped by explaining the importance and interrelation of these areas and consulting on specific exercises for areas needing more work.

With the help of specialists at Utah State University, Utah Home Start staff tried a number of assessments before settling on the four they felt provided the best picture of child and family needs: the Peabody Picture Vocabulary; the Boehm Test of Basic Concepts; the Preschool Motor Survey; and the Parent Attitude Survey. Family Educators, as Visitors were called in this program, used the tests and points made in discussions with the family to fill out a Family Goals form. Director Sheri Noble felt the tests were not used as much as they might have been for planning purposes, but Educators felt the testing was complicated and "a hassle" to readminister when progress needed to be checked. Moreover, they observed, the detailed activities called for by the tests took time away from other important business with families. To alleviate this problem, the program added a brief checklist of child skills developed by both Visitors and parents to allow parents to share the responsibility for determining child progress. In planning for children and families, Educators received some assistance from Head Start specialists but referred special testing to outside personnel.

Like Utah and Arizona Home Starts, Kansas' program had few local resources to help with testing. After a trial screening by the Institute of Logopedics in Wichita revealed that some 30 per cent of the project's children had language or hearing problems, Kansas Home Start contracted with the Institute for routine screening as part of the initial family assessment.

The way you conduct your assessment will reflect your attitudes toward the families you'll be serving, but more important, you can shape parental expectations of your program. For example, San Diego's Visitors, who worked with Filipino, Japanese, Samoan, black, Mexican-American and white families, took pains from the beginning to see that their families had considerable autonomy. "Here, you're working with people, not ethnic groups," stated Visitor Diane Compton. "To a certain extent that's true," responded colleague Yoko Fujita, "and I know what Diane means, but it's a little more than that. It also depends on whether the family was born here or born in another country and has been here only a short time. We say to families, 'We don't want to Americanize you, and we understand that you want your children to keep their language or the values you have; and they understand, but they also want their children to do well in school." Visitor Eva Aguinaldo agreed: "We try to reinforce those skills the children need for school and figure out how their culture can fit into those."

Where Home Start served Spanish-speaking, Navajo, Alaskan, and other cultural minorities, programs tended to rely less on standardized child development measures because such tests are usually skewed toward Anglo culture and may not adequately reflect a minority child's needs. Moreover, staff and families in such programs were less concerned with the paperwork and categorizations associated with measuring family objectives and progress. Instead, these programs preferred a brief checklist--whether it was on paper or in the Visitor's head--to help focus family decisions about their own goals. In San Diego, Visitors used a child development measure called the Concepts, Attributes, and Relationships Board, an informal indicator of skills that can be administered in any language. Staff also filled out a checklist of kindergarten-level concepts and capacities that were considered helpful, but not essential, for school readiness.

Specialists and formal checklists can help in the assessment process, but for any project, dealing with the individual needs of 10 or 15 families each week is demanding work. A veteran Visitor in Tennessee put it this way. "I start out by saying, 'What is the one problem I can do something about?' and try to go from there. I begin by noticing especially anything different parents do with the children. It doesn't seem like a whole lot at the time, but you have to do it one step at a time."

## ARRANGING FOR SERVICES AND RESOURCES

While Home Start programs were recruiting staff and families, they were also consolidating their positions with the community agencies they planned to use. Programs allied with Head Start operations or lodged within a larger social-service organization were fortunate in having already-established linkages, at least for basic services such as medical care, but where Home Start was starting from scratch, staff had to invest a certain amount of time cultivating these relationships. It was worth the time, according to Directors and specialists, because one good personal relationship with someone inside an agency--someone who understood what Home Start was trying to do and carried some weight--often meant reduced waiting times for families, less red tape, better service, and even follow-up where none would otherwise occur.

Nearly all the Home Start programs with good agency ties stressed the importance of being clear with agency personnel about what their programs provided and what these agencies could provide for Home Start. Arkansas and California staff took brochures and documentation to agencies outlining what Home Start did, for whom, and what families in their programs were likely to need. (As they became more sophisticated, some programs even developed slide tape shows to illustrate the home-based approach.) In negotiating services, according to California's

Director Allana Elovson, it's important to show agencies that there's a need for the services they provide. Said Dr. Elovson, "Be very specific about what you need and what they can provide." With private medical practitioners, programs were often able to negotiate reduced fees for their families, but staff warned that such agreements must be clearly spelled out initially to avoid later misunderstandings. Said an Arkansas administrator, "We settle on a rate right away, and dentists sign an agreement before they do exams on kids to insure that we get a reduced rate."

Large programs with decentralized operations found negotiating at the local level useful. "When you're scattered in several counties and have to count on outreach offices or agencies, don't send out your central staff from another county, even if you think they know the program better in those early days," advised Arkansas staff. "Use the people who will live and work in that community. Train them to know and be able to present the program with practice sessions, role-plays or other training techniques. Since they're the people who know their area and will be returning again and again for the services, the important personal relationship should start from the beginning." While local staff are cultivating local personnel, however, it doesn't hurt to have central staff--supervisors and administrators--making contacts at the state, county, or regional level. "Not only do you want them to know what you do and what you need," said Alaska Coordinator Westeen Holmes, "but you want to know from them what they are supposed to provide, what the regulations are, what their concerns are."

Westeen and other Coordinators and Directors recognized that some self-promotion and politicking with resource personnel will get you farther than confrontation tactics. At least at the local level, programs often found the way was smoothed when Home Start was able to offer something in return for good service. "In Alaska," Westeen pointed out, "the agencies in Fairbanks have begun to see Home Start as something of an outreach arm which they depend on. Not only do staff provide information that some agencies used to accept only with documentation directly from families, but they also know that Visitors can help with some of the legwork involved in getting services to the families. The public health service will call here and ask about who needs what in the [Native Alaskan] villages. If Home Start knows the family, we can provide information that will save a trip by an already overworked social worker. Dependability is obviously important here."

Cleveland Director Dell Graham agreed wholeheartedly: "It's important to make the program's relationship with an agency a two-way street. Staff here always go directly to the person in charge at a new agency we haven't worked with or in a new location where Home Start hasn't been. We ask how Home Start can help them." The Ohio program also enjoyed good service linkages because it tried to involve agency personnel from the very beginning. Said Dell, "We involved community people as consultants in our program on the ground floor. We asked them to help implement our plans; we asked for help in defining what we should be providing. They feel the program is theirs." One physician who was consulted in the early stages was an invaluable asset to Cleveland Home Start. Not only did he direct staff members to other specialists he knew, he also spread the word about Home Start throughout the professional community by means of his membership on the Metropolitan Agency Council.

Arranging for services was sometimes a delicate matter and elsewhere was influenced by Home Start's local sponsoring organization. For instance, on the Navajo Reservation, formal power is concentrated with a few entrenched organizations--the Bureau of Indian Affairs, the Department of Agriculture, the Public Health Service and some religious groups. Home Start's sponsor, the Office of Navajo Economic Opportunity, is a relative newcomer, and Home Start itself was a brand-new program. It took considerable time for the program to establish its own credentials with these powers. For political reasons, staff attended the meetings of the Community Action Committee, a body of influential community and tribal chapter officials that coordinates family services in Home Start's target areas. Similarly, program personnel found it valuable to stay tuned in to the workings of the tribal councils themselves.

Cleveland's Center for Human Services is a superagency coordinating family, youth and child-care services for the city. The Center administered Home Start and was able to offer the program the services of its staff psychologists, homemakers and other specialists. Director Dell Graham said her program's tie-in with the Center wasn't restrictive, although staff had to check to make sure a specific service couldn't be provided by Center personnel before making arrangements with another agency. In arranging for services, Cleveland staff learned they had other resources. Said one staffer, "Don't overlook parents. Some of ours have located dentists, places to get clothing, materials from hardware stores, and places to go for free on field trips." In some rural areas, particularly North Carolina and the outskirts of Houston, Home Start parents were adept at persuading markets and grocery stores to provide food or materials for the program's meetings and projects. Observed a New York staff member, "Store owners will often give to a program when they understand what the group does before they would to an individual or a single family."

Availability of services varied widely from place to place. "We've never really been turned down for anything we needed," said an Arkansas administrator. But in service-poor Gloucester, Massachusetts, Home Start staff struggled for three years before they felt they were at last making inroads in the professional community. Houston Home Start was affiliated with the Harris County Community Action Agency, another huge multi-service organization: what staff couldn't get through the Agency, they persisted until they found elsewhere. The program's two Social Service Coordinators kept resource notebooks of every local department with help to offer. When Coordinator Ruthie Wyatt had a spare minute or two, she called the contacts she hadn't seen in awhile to keep in touch and find out about any new service in their departments. This system really worked: not long ago, a woman at a local health department volunteered to lead a nutrition workshop and supply the materials as well. "In Houston alone there's a wealth of information and resources that can be tapped," Ruthie pointed out. "We find that when we tap, they're eager to work with us. Sometimes they wonder why someone from our group hasn't contacted them before now."

Throughout this book we'll be talking about agencies and their personnel, particularly in Chapter 4, Working with Families. During start-up, however, Home Start programs learned that establishing their credentials and their potential needs with their local service communities could save time and trouble in the long run.

## Logistical Arrangements

Although start-up is bound to be an unsettled time, some programs experienced more confusion than others because of logistical snafus. While new Visitors were making their first calls and learning the home visiting ropes, it was disconcerting for them to have to worry about where to store their materials, where they could do their telephoning or how to find the forms and people they needed to be effective. Some Home Start staff spent their first year in a state of impermanence, with makeshift office space in trailers, along the hallways of someone else's office complex or crowded into small rooms, and this hampered the development of staff cohesion and teamwork. At the very least, Directors and other administrators and specialists need office space, telephones and desks at a central office. In some Home Start programs, Visitors worked out of their homes, but central offices had at least record-keeping facilities, a place for private consultations between supervisors and Visitors, and a space for staff meetings and training. In some set-ups, staff also made space for children's and parent group meetings or located usable rooms in buildings such as community centers in local service areas.

Home Start programs found that an affiliated Head Start or sponsoring agency was often the key to finding space. Texas Migrant Council Home Start set up shop in a Weslaco Head Start center, while Tennessee used the headquarters of the Clinch-Powell Educational Cooperative, their sponsor agency. In Arkansas, central office staff were housed along with Head Start staff, while Home Visitors' offices were scattered throughout the five counties in county courthouses and deserted schools. Sharing space with another program had its drawbacks, however. In Utah, Home Start used the Head Start classroom, a former elementary school gym, for its children's group meetings. Head Start parents complained that Home Start wasn't leaving the room in good shape and were concerned about materials being mistreated. The problem was solved when Head Start parents decided to put away materials they didn't want others to use and Home Start parents and staff agreed to be particularly careful about leaving the room as they had found it.

Other programs were on their own in locating inexpensive but adequate space for their needs. Massachusetts staff were lucky to find a two-floor office for which the landlord was willing to reduce the rent. The bottom floor was used for a reception area and administrators' desks and the spacious top floor was Home Visitor territory, with desks, a materials workshop, and a dramatic play area for kids. New York staff found an abandoned convent large enough to allow each Home Visitor to have her own office. When Home Start began in Wichita, the program had no office space at all and staff sat on the floor or used desks of absent Head Start staff. The two-room office they occupied next at the local CAP agency was an improvement, but Visitors found it difficult to work with so little privacy, and conferences with the Director were constantly interrupted. Finally, they found an old doctor's office for a reduced rate in which there was sufficient space for Visitors to double up in offices--a luxury at that point. In North Carolina, Home Start convinced their sponsoring agency, Macon Program for Progress, to rent a small Record Shack adjacent to their offices so Visitors could move out of the hallway which had housed them for a year.

Programs sometimes handled space for children's groups separately from office space because they wanted these rooms to be located closer to where families lived. In several instances, meeting rooms were scattered throughout the area served by the program. In West Virginia, children's groups met in churches or other neighborhood centers in each of the program's nine counties. In Tennessee, the classrooms themselves--located in mobile vans--moved to a different area each day.

Overall, Home Start programs received the most help in finding space from Head Start or their sponsoring agencies and, in most cases, were able to arrange for the space to be cost-free. Even when they had to seek out their own office and meeting space, they were usually able to get it free or at reduced cost. Sponsoring agencies were usually helpful in providing desks, duplicating services, typewriters and other equipment as well.

Meeting transportation needs turned out to be a much more problematic and often costly operation; programs found themselves spending about 8% of their budgets on transportation matters. While each Home Start program solved its transportation problems in its own way, this issue was serious for almost all of them. Whether they were serving families in cities (where public transportation was either non-existent or inaccessible) or in rural areas (where families lived miles apart), solution of the transportation problem was a critical issue. Because of budget considerations, all but two programs hired Visitors willing to use their own cars. The exceptions were North Carolina, which bought six Chevy Blazers for its Visitors, and Alaska, where Visitors used Head Start-owned cars. Although programs reimbursed their staff for mileage (in a range from 10 to 15 cents per mile) and sometimes helped pay for insurance and maintenance, Visitors were seldom recompensed adequately for the wear and tear on their vehicles. All programs had to resign themselves to allotting considerable staff time for transporting families to medical appointments and service agencies. Each program also had to work out a format for providing transportation to parent meetings and again, Visitors bore the brunt of this service. Occasionally, programs made deals with local school districts for the use of buses on family outings or field trips.

Transportation is also an important facet of good staff communication and supervision. In northern Utah, Home Start had two Visitors located in Rich County, across the Wasatch Mountains from the central office in Millville. It was difficult for administrators to get to Rich County and for the Visitors to attend training sessions, so these staff members felt cut off from the rest of the program. Staff at Navajo Home Start often joked that they really needed a helicopter to work with Visitors in two separate areas 260 miles apart. Staff training and supervision were very difficult for this project. West Virginia's Home Start program served nine counties, with a Visitor and a small local office located in each one. Central offices were in Parkersburg, as much as 120 miles from some areas, so administrative staff spent a good deal of time visiting each region. Schedules were set up so that on Fridays, all staff drove to the central office for training and staff meetings. Supervision was effective in this program because staff were willing to spend time on the road.

Logistical questions like these may seem like the least of a new program's worries during start-up, but in Home Start's experience, the longer they stayed unresolved the longer it took for programs to begin functioning efficiently.

# CHAPTER 3

# A BASIC PROGRAM

What's in this Chapter:

- Education
- Health and Nutrition

## EDUCATION

Like center-based education for preschoolers, the education component of a home-based program is primarily concerned with school readiness. This means both the more traditional readiness skills such as mastering shapes, colors, numbers, and so on and also the intangible but equally important things such as encouraging youngsters to talk about their feelings, building positive self-images to instill confidence, and showing children how to get along with others. But unlike center-based programs, home-based efforts also reach out to parents at the same time to show them how, in their daily routines, they can often teach their preschool child as competently as a "professional." Home Start's approach to education for preschoolers incorporated this dual role for Home Visitors: teaching children, and teaching parents to teach their children. In most cases, Visitors had to coax, cajole, and praise mothers and wherever possible fathers until they had the confidence they needed to take on this role. That done, the Visitor was often able to stand back and act as a consultant, providing materials and guidance to complement a parent's natural teaching style.

While all 16 Home Start programs were committed to the same overall educational goals, each local project was allowed to develop its own curriculum and its own format for providing educational services. Most programs opted for a combination of home visits--where Visitors worked with parents and children on a one-to-one basis, and group experiences--where groups of children played and learned together. In a few cases, programs offered a three-phase approach that combined home visits, educational television programs, and group experiences in mobile vans or community centers. Local needs inevitably shaped the focus of many education programs.

Assistant Director Linda Reasoner of the Arkansas Home Start program observed, "Rural children in particular need to have broader experiences before they go to school, so we encourage the use of home and classroom experiences in accomplishing this. Our philosophy is to look at the total child and be concerned with his physical and emotional well-being." Projects with Native Alaskan, Navajo, and Spanish-speaking children offered bicultural curriculum and stressed self-image development to smooth the transition these children would have to make to Anglo schools.

In the same way, while all programs stressed the importance of the parental role in teaching, each one had a different way of providing support for parents. Some relied on Visitors to pass along teaching strategies, others distributed written parent guides and lesson plans for parent teaching during the week, and still others provided classes in parent training or child development theory for groups of parents.

Leila Beard, Nevada's Educational Specialist, summarized her program's goals: "We want to help parents understand the types of skills their children need to develop and the way they can help their children learn those skills in conjunction with showing parents ways to improve their children's self-concept." Invariably, once parents understood how certain activities taught certain skills and why the skills themselves were important, they became better, sometimes ingenious teachers.

Because curriculum is a complex subject, we'll discuss it in practical terms. We'll look first at staffing the educational effort, then at a concrete example of a week's lesson plan, and then we'll talk about considerations in developing your own curriculum, adapting someone else's, and helping parents become better teachers. Finally, we'll list some educational materials Home Visitors found useful and fun.

## Staffing

Although Home Visitors and classroom teachers were directly responsible for education, every program had at least one staff member whose job it was to help these people decide what and how to teach. In small-scale, limited-budget programs that person was usually the project's Director. Elsewhere, specialists with these titles filled the role:

Educational Coordinator
Supervisor
Education Director
Head Start Teacher
Curriculum Specialist
Mobile Van Teacher

Such staff members often combined their education roles with supervisory duties so that in addition to helping Visitors decide what to do in the home they could also evaluate whether and how well educational activities were succeeding.

Rather than detail all the possibilities for staffing in this area, we'll describe briefly how four typical Home Start programs handled education services. Two of these programs were affiliated with Head Start in their regions and two were not.

| | |
|---|---|
| West Virginia | For this large project (nine counties, 15 Home Visitors) supervision and curriculum assistance were combined in the position of Field Services Coordinator. The Director, previously a staff member of the Preschool at Home program, also helped with curriculum design. |
| Alaska | Fairbanks Home Start, with three full-time and one part-time Home Visitors, at one point had a part-time Education Coordinator. Later, a supervising Head Start Teacher spent from two to five days a month providing home visit consultation and helping Visitors plan how to use classroom space when children visited the center for group experiences. |
| Tennessee | Tennessee's staff-sharing arrangement with its sponsor's Title III home visiting project showed up most clearly in educational help for Home Visitors. The program's five Visitors met weekly to plan their lessons with the mobile van teacher; an educational specialist who supervised Title III visitors; and the curriculum specialist who developed weekly Captain Kangaroo materials. |
| Arkansas | Here Home Start's seven Visitors had help with activities planning from the program's Assistant Director and two Home Visitor Supervisors who spent 50% of their time on this project. The rest of their time was spent as Head Start Center Directors, which allowed them to share their center materials with Home Visitors. The Assistant Director and a Family Education Specialist (the position was dropped) both had Head Start experience and were able to modify this training to fit the home-based approach. |

Seven of Home Start's 16 projects designated a slot for an education specialist and the others were fortunate in having Directors with Head Start or other early childhood experience or degrees to work with Visitors. At least one other program would have added a full-time education specialist had it had the chance to reorganize its staffing and budgeting. California's Director, Allana Elovson, who herself has a Ph.D. in Child Development, felt it's very important to have at least one staff member who's familiar with child development theory and the kinds of educational activities that are both enjoyable and effective for children.

## Developing Your Own Curriculum

Having a curriculum specialist on staff, either full-time or part-time, can give a program direction and save visiting staff considerable time otherwise spent on formulating goals, objectives and concrete lesson plans. Where Home Start programs had access to education specialists, they found themselves providing educational services with more coherence and with more confidence from the very beginning. Curriculum specialists may not be essential, but they're nice to have. We're going to look at the curriculum developed by the Tennessee Home Start program because it represents a thoughtful approach to the needs of both parents and children. Tennessee's education effort was based on the model developed by the Appalachian Educational Laboratory (AEL),a model using three different elements--home visits, educational television, and weekly group sessions for children in a fully-equipped van.

At a typical van stop in front of the LaFollette, Tennessee High School, the five-ton, 34-foot van pulled up each week at about the same time. Parents and children were waiting, and the youngsters trooped in--12 in all--to sprawl on the carpeted floor and watch a movie like "The Little Red Hen." Afterwards, the screen and projector disappeared into their built-in storage space the Teacher and a mother acting as Aide bustled about laying out a snack, to be followed by finger-plays, story-telling and other exercises suggested in the program's weekly curriculum guide or improvised by children or teacher. The two-hour session ended with stretching games and free play. In the afternoon, the van moved to a turnout, a meadow road, or someone's driveway to present the same program to another group.

Describing the curriculum she developed, Tennessee's curriculum specialist Helen Skinnell stressed the two considerations uppermost in her program's approach. First was a real effort to gear the language and ideas toward parents, and this meant, Helen stressed, "keeping it simple. That's been the toughest part, but the most successful too. It was hard, but I had to quit using all those words I'd gotten used to using in school." Equally important was her program's decision to concentrate on affective skills dealing with emotions and self-image before addressing cognitive concepts of shape, size, and so on. These priorities were shared by Director Dr. Frank Skinnell, who observed that the affective emphasis was also important for fathers who work with their children, since they often have even more difficulty expressing their feelings.

While some programs chose AEL's own "Around the Bend" television series and others have used "Sesame Street" or "Mr. Rogers," Tennessee settled on "Captain Kangaroo" after reception and other difficulties precluded these alternatives. The choice appears to have been a happy one. Staff were particularly pleased with the pace and style of "Captain Kangaroo," since it seemed to them to be well-suited to the rural children in their program. Ms. Skinnell worked five or six weeks ahead of the series, using scripts sent by the Captain, Bob Keeshan, himself. Mr. Keeshan took a personal interest in the curriculum to go along with the show; he kept in touch with the program staff to get their feedback and incorporated their suggestions in subsequent shows. In addition to the topics covered by the show, Helen also incorporated activities related to a set of themes she'd worked out at the beginning of the year. On the following pages is a reproduced list of themes and a typical weekly product: a four-page parent's guide and a complementary two-page guide for teachers, aides and Home Visitors. Illustrated by professional artists, this curriculum was printed, distributed throughout the program, and sold to other interested programs for 20¢ a copy each week.

The Parent's Guide for October 7-11, 1974 is a good example of Helen's approach. The first page features a Thought for the Week giving parents tips about how to deal with their children's temper tantrums and it does so in language that's simple but not condescending. The Thought for the Week idea

Figure 3-1

## TENNESSEE CAPTAIN KANGAROO CURRICULUM

### SUGGESTED THEMES
### FOR
### SEPTEMBER, 1974 – MAY, 1975

| | |
|---|---|
| September 9 – September 27 | The Family |
| September 30 – October 25 | The Seasons |
| October 28 – November 1 | Halloween Safety |
| November 4 – November 22 | Manners |
| November 25 – November 29 | Thanksgiving |
| December 2 – December 20 | Christmas |
| December 23 – January 3 | VACATION |
| January 6 – February 7 | The Five Senses (see, smell, hear, taste, touch) |
| February 10 – February 14 | Valentine's Day |
| February 17 – March 14 | How We Go Places (land, air, water) |
| March 17 – April 11 | People Who Help Us |
| April 14 – May 9 | Growing Things (plants, animals, people) |
| May 12 – May 23 | The Environment |
| May 26 – May 30 | Health and Safety |

*These themes are subject to slight changes if we see that it is necessary, but the order in which they appear will stay the same*

Figure 3-2

# CAPTAIN KANGAROO

## PARENT'S GUIDE

OCTOBER 7 - 11, 1974

*Vol. III* *Activities For Use With Captain Kangaroo* *No. 5*

### WHY TEMPER TANTRUMS?

Do you like it when your child has a temper tantrum? Of course your answer is "no." They can be very unpleasant for everyone around. Did you ever stop to think about why he has them? Perhaps if we know why our child is having these tantrums, it will help us to know how to cope with them better.

It is very important for you as parents to understand that tantrums are very natural forms of behavior for your young child. In later years he will learn to control his temper but for now it is something we as parents have to learn to deal with.

Temper tantrums usually occur when lots of little things go wrong. Your child's anger just builds and builds until he has to let it all out. When too much is expected of children, or when mistakes are made, they can get angry and upset.

Now that we know why our child has tantrums, what can we as parents do to help him learn to control his temper?

1. Let your child know through conversation that you expect him to try to control himself.
2. Be consistent (firm) with him in what he can and can not do.
3. Set a good example. If you lose your temper, then your child will do the same.
4. Don't give in to a child when he has a tantrum. If a youngster sees that getting upset helps him to have his way, then he will just keep doing it.
5. Try not to get upset yourself when he has a tantrum. Both of you need a *"cooling off"* period before you try to deal with it.
6. Be a good listener. Let him know you would like to talk things over so you can help him work things out.

With your help and understanding your child will learn to control his temper. Until then, remember that after a temper tantrum, a youngster is really very tired and ready to be friends again.

*(Some of the above ideas were taken from Dr. Joyce Brother's visit to the Captain's Place July 25, 1973.)*

**OCTOBER 7, 1974**

*WHAT'S IT ABOUT:* Mr. Green Jeans leads the boys and girls in singing *"Sing A Song Of Sixpence."* The Captain makes a birdfeeder. A squirrel and some chickens visit the Captain's Place. Mr. Green Jeans reads the book *"Lord Rex, The Lion Who Wished"* by David McKee. Fred tries to tell a story but does not have much luck. The Moose Report today is about a *"Butterfly Farm."*

## MONDAY

*HOME SUPPLIES:* 1 quart milk carton, pencil or stick, string, seed, scissors

*SUGGESTED ACTIVITIES:* (1) Help your child make a birdfeeder. Cut a hole in the side of the container. Put the pencil or stick through the carton below the hole for the perch. Use the string to hang it up. Try to hang it in a place where your child can easily observe it. What birds are in your area during the fall season? TV

---

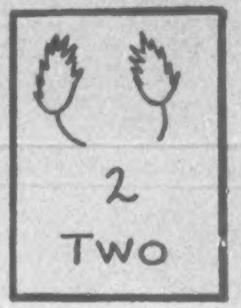
## TUESDAY

*HOME SUPPLIES:* 5 or 10 pieces 9 x 12 paper, glue, crayons, leaves

*SUGGESTED ACTIVITIES:* (1) Help your child make a set of number posters. For the young child, do numbers 1 - 5, the older child should be able to do numbers 1 - 10. Put one number on each piece of paper. Then let your child glue the correct number of leaves on each sheet of paper. These can be used to hang on the wall or put together as a book.

**OCTOBER 8, 1974**

*WHAT'S IT ABOUT:* Some mechanical men have a parade today. The E.B. film *"Men and Machines"* is shown. Dancing Bear acts out a *"Good Habits Song."* A Labrador retriever and a dove visit the Captain's Place. Debbie and Mr. Green Jeans sing the song *"Yonders Tree."* Captain Kangaroo reads the book *"A Tree Is Nice,"* by Janice May Udry. Please Note: The E.B. film is furnished by Encyclopedia Britannica.



**OCTOBER 9, 1974**

## WEDNESDAY

*WHAT'S IT ABOUT:* Tony Montanaro, a mime, visits the Captain's Place. He makes believe by using the movements of his body. The Crystal Tipps cartoon *"Tennis"* is shown. A peacock and a donkey visit the Captain's Place. Mr. Green Jeans sings and plays the *"Bus Song,"* while Tony and Dennis act out the words. They read the *"Little Book Of Cheer"* by Mary Lobert. They show the E.B. film *"Moving Day."*

*HOME SUPPLIES:* Book

*SUGGESTED ACTIVITIES:* (1) Find that *"special time"* to read a book to your child today. Try to get into the habit of reading one to him every day. Find a book about the seasons, if possible. Reading to your child is one of the most valuable activities you can do.

---

**OCTOBER 10, 1974**

## THURSDAY

*WHAT'S IT ABOUT:* Dr. Joyce Brothers visits the Captain's Place. She and Homer talk about exaggeration and how it can get you into trouble. Mr. Green Jeans leads the boys and girls in singing *"Down By The Station."* The Moose Report is about the *"Amtrak Boom."* A prairie dog and a sparrow hawk visit the Captain's Place. Dennis reads the book *"Noisy Nora"* by Rosemary Wells.

*HOME SUPPLIES:* Shoe box or bag, 2 of several small objects – spools, buttons, bottle caps, rocks, paper clips, crayons, spoons, etc.

*SUGGESTED ACTIVITIES:* (1) Play a matching game with your child. Divide the pairs of objects, putting one object on the floor or table in front of the child and the other object in a box or bag. The child then takes an object out of the bag and tries to find its match.

OCTOBER 11, 1974

*WHAT'S IT ABOUT:* Bunny Rabbit is not feeling well today. Some kittens and a cock-a-too visit the Captain's Place. Mr. Green Jeans reads the book *"Goodnight Moon"* by Margaret Wise Brown. The *"Little Family"* makes another appearance.

## FRIDAY

*HOME SUPPLIES:* Fall Poems and Fingerplays – Vol. III, No. 4

*SUGGESTED ACTIVITIES:* (1) Do some of the fall poems and fingerplays with your child. Encourage him to act them out the way he wants to. (2) To help your child become a better listener, hum a familiar tune for him. Can he name the song you are humming? Let him have a chance to hum a song for you.

Materials Prepared
by Helen Skinnell
and
Produced by
Clinch-Powell
Educational Cooperative
Harrogate, Tennessee
37752
(615) 869-3605

Figure 3-3

## TEACHER, AIDE AND HOME VISITOR'S GUIDE

OCTOBER 7 - 11, 1974

*Vol. III* — *Activities For Use With Captain Kangaroo* — *No. 6*

### THOUGHT FOR THE WEEK

We hope this thought will help parents cope with the problem of temper tantrums better. Quite often parents make matters worse instead of better because of their lack of understanding.

You as teachers, aides and home visitors, need to be able to deal with this problem also. The tantrum could take place when you are working with the child. Be ready to set a good example.

### GOALS

1. To give parents a better understanding as to why children have temper tantrums and how to deal with them.
2. To help each child have a better understanding of the fall season.

**THEME — The Seasons**

### SUGGESTED ACTIVITIES FOR HOME VISITORS

(Do this - September 30 - October 4, 1974)

### WITH PARENTS

1. Go over the Thought For The Week with them. Help the parent deal with any specific problems their child might have concerning tantrums.
2. Let them know about the supplies they will need for the coming week so they can be collecting them.
3. Remind them about our theme "The Seasons." See if they thought of any new ideas for activities.
4. Give the directions for making the bird feeder. Plastic bleach bottles also make an excellent bird feeder. Help them realize that we want them to use their own ideas as much as possible. (Mon., Oct. 7)
5. Show them how to make the number posters or book. Be sure they know some ways to use these posters with their child for number activities. (Tues., Oct. 8)
6. If books are not available in the home, try to provide one for the parent to read to the child. Let them know that we would like them to do this every day. It will help to develop in the child the desire to want to learn how to read. (Weds., Oct. 9)
7. Explain the matching game to them. (Thurs., Oct. 10)
8. Be sure they know how to do the poems and fingerplays. Most children like to do them over and over again. (Fri., Oct. 11)
9. Tell them about the listening game. This can be done while mother goes about her daily work. (Fri., Oct. 11)

### WITH PARENT AND CHILD

1. Ask the child if he has made or done anything he would like to show you or tell you about.
2. Play a direction game called "squaring-off" with the child. You will need a sidewalk, driveway or a large piece of paper or cardboard and chalk or crayons. Draw a large square on your driveway or sidewalk with chalk (or make one on a large piece of paper or cardboard.) Divide the square into four equal parts. Give the child directions. You might say: Stand in the middle of the square, hop to the top of the square (or bottom), walk around the

*(Over)*

square, run to a corner of the square .. run to the opposite corner. For older children, use the directions left, right, upper, lower, section, quarter, etc. Let the parent have a turn giving directions.

3. Do an "experience story" with the child. Find a fall picture in an old magazine. Be sure it is a picture that tells a story. Ask the child to make up his own story about the picture. Read it back to him. Be sure the parent is watching you do this

4. Using a regular deck of playing cards, do several number activities with the child. Match numbers, shapes, colors and face cards. Let the child use the cards in his own way. His ideas may be better than yours.

## SUGGESTED ACTIVITIES FOR TEACHERS AND AIDES

(Do this October 7 - 11, 1974)

1. FALL EXHIBIT – Continue adding to your fall collection.

2. USE YOUR EYES – Play a game with the boys and girls called "use your eyes." First, collect leaves from different kinds of trees, selecting two alike and give one set to the children: Then say:

   Use Your Eyes, Use Your Eyes
   Quickly Look and See
   And if Your Leaf is The Same As Mine,
   Bring It to Me.

   Hold up one of the leaves as you say it. Let the students take turns being the leader.

3. FALL COLLAGE – Let the children, who want to, make a fall collage. Try to have a collection of items that pertain to fall, such as: seeds, leaves, weeds, bark, etc. Ask them to glue the items on a piece of paper.

4. COPY CAT – Make about 10 designs with colored toothpicks glued on construction paper. Ask the child to be a "copy cat" and try to make a design exactly like one of yours. They may glue them on or just lay them on a piece of paper.

5. CREATIVE MOVEMENTS – Ask your students to do some creative movements with their bodies, such as:
   a. Pretend you are a tree blowing in the wind
   b. Pretend you are a leaf falling from a tree.
   c. Pretend you are a cat ready to pounce on a mouse.
   d. Pretend you are Jack Frost making a visit.

BOOKS

1. Down Come The Leaves – Bancroft
2. How We Celebrate Our Fall Holidays – Banks
3. Where Does Everyone Go? – Fisher
4. When Autumn Comes – Fox
5. Who Goes There – Lathrop
6. Now It's Fall – Lenski
7. Let's Find Out About Fall – Snapp
8. Autumn Harvest – Tresselt
9. Johnny Maple Leaf – Tresselt
10. Emily's Autumn – Udry
11. Travelers All – Webber
12. All Falling Down – Zion

SONGS

1. The Fall – Silver Burdett (page 54)
2. Autumn Leaves – Silver Burdett (page 56)
3. Let Us Chase The Squirrel – Silver Burdett (page 60)
4. Autumn – Follett (page 157)
5. The Seasons – Follett (page 171)

POEMS AND FINGERPLAYS (Vol. III, No. 4)

1. The Nuts
2. Leaves
3. Falling Down
4. Down! Down!

DISMISSAL – Remind the boys and girls to watch Captain Kangaroo. Next week we will continue our theme "The Seasons."

was particularly well received, according to Helen, who said, "When I talk to parents, it's often like hearing my own words coming out of their mouths." The following three pages show how Captain Kangaroo's activities were used as jumping-off points for parent-child projects. Even the illustrations are useful: Wednesday's "Suggested Activities" picture might give children the impetus to ask their fathers to read to them. Parents could keep these guides to build up a notebook of activities for younger--or future-- children.

The accompanying Teacher, Aide and Home Visitor's Guide was also kept simple and relied on the seasonal theme. It's important for mobile van teachers and Home Visitors to use the same guide, Helen stated, "so they'll know what the other is doing and be able to work as a team." One of the most exciting things that occurred, she recalled, was when the van teacher began showing children fingerplays only to be told kids had already done these things with their mothers.

In Tennessee, then, television was used as a source of ideas for working with children. According to Frank Skinnell, its most important aspect was the way this daily show reminded parents that their children needed attention and stimulation. It signaled to adults each day that it was time to start working and playing with their youngsters.

Reliance on themes to divide the year into units was almost universal among Home Start programs. Units provide a mechanism for coordinating home visits and group activities and allow continuity from one home visit to the next. Arkansas' curriculum was organized around a group of themes--the world, the weather, animals, farming, plants, body parts, and others. Major responsibility for curriculum development lay with Family Education Specialist Marie Mowery, but parents gradually became involved in selecting topics. When asked the first year to suggest units, parents had great difficulty coming up with ideas until they were given a partial list of topics with a request for additional suggestions. By the third year, Arkansas' parents were able to contribute the topics while staff developed concrete activities to make them work. For example, Figure 3-4 is the first week's guide. The topic, All About Me, continued for several weeks with a different theme each week--My Home, Getting to Know My Family, The Five Senses, The Community. The lesson plan shown here integrated cognitive activities (using the five senses, making and using puzzles) with health (preventive medicine) and nutrition (what foods are good for you). Parent comments were solicited in the far right column.

Not everyone used themes. In Nevada, the Santa Clara Assessment Tool was used to focus home visit activities. Visitors concentrated on one cognitive area at a time according to the needs revealed by the assessment. For each unit, the goal was to make sure the parent understood the skills that were needed and which activities could do the most to build up those skills. The Assessment scoring sheet includes the nine broad skill areas Nevada Home Start used for its cognitive curriculum with supporting activities to ensure skill acquisition. Said Education Specialist Leila Beard, "Our goal is to make parents aware of skills their child needs. It really won't take them extra time or effort to address those needs, just awareness."

In the beginning, some projects chose to let each Home Visitor develop her own curriculum on the theory that each family had different needs. Many of these programs soon opted for a unified work plan for all Visitors. In Utah, Marilyn Long, Education Coordinator said, "Each Home Visitor had a tendency to stress her strengths and to skip over areas in which she was weak." Houston and North Carolina Home Starts gained work plans when they gained new Directors who believed in this approach. Said a North Carolina Visitor, "Having lesson plans really saves me a lot of time. Of course, I feel I can change them a little for each family, but having the basic ideas helps a lot."

ARKANSAS HOME START
Daily Educational Guide
for Parents

WEEK 1

TOPIC: All About Me

THEME: Head and Trunk of My Body

## OBJECTIVES

To give your child a basic lesson about the head and its parts, both outside and inside.

To tell your child about the part of the body called the trunk and its uses. Discuss the internal organs too.

Talk to your child about preventive medicine such as staying away from poisions, insecticides, etc. Also help your child realize the importance of being careful when climbing on high things, playing with jagged boards or around barbed wire, tin cans, etc.

Help child to further understand his body and how it works.

## LEARNING EXPERIENCES

1. Play games as a family using each one of the five senses.
2. Show your child pictures of heads and let him point to the different parts.
3. Make a rough drawing of a skull and explain that it is the bone that protects the rest of the head. Let the child draw one then if he wants to. Show the child how the brain is protected by the skull (through drawings), that the brain is what makes decisions for the whole.
4. Make a puzzle or two from cardboard and magazine pictures showing how trunk holds all the parts together and also houses the vital organs.
5. Through pictures or flannel board story explain to child what each of these internal organs do:
   - A. stomach - takes food and changes it to energy for the body.
   - B. heart - pumps blood and sustains life.
   - C. lungs - takes in fresh air and expels used air through breathing.
6. Make a chart with your family about how certain foods are good for certain things.
7. Plan a trip to the library or health clinic or both if possible. Ask for information on a child's level about the human body.

1. How did you feel about this week's activities?
2. What special activities did you do with your child?
3. What didn't you like about this week's activities?

Figure 3-4

Some programs, however, continued to have Home Visitors make up their own curricula and provided ways for directors, specialists and other Home Visitors to have some input. In California, Director Allana Elovson went over Home Visitors' lesson plans with them in supervisory sessions which focused on the match between families' needs and the home visit activities which addressed them.

Houston Home Visitors drew up weekly lesson plans like the one included in Figure 3-5 for each of their families. These were leave-in-the-home plans divided into several educational areas on which parents could check off activities as they did them. Friday mornings were set aside for writing lesson plans; at the end of the morning, two of the more experienced Home Visitors checked the others' plans and made suggestions for additional activities or different emphases. Director Ella Guidry also spot-checked the lesson plans. She commented about this method of curriculum development, "I expect each family's lesson plan to be somewhat different each week, even though they share a common theme. Lesson plans vary from family to family based on what materials are available and how fast the child is learning--and we also consider what the parent enjoys doing when we plan the week's activities."

## Curriculum Emphasis: Cognitive vs. Affective

Whether a home-based program chooses to stress cognitive or affective concepts in its curriculum, or a combination of these, will depend on its convictions about early childhood education and perceptions about what its families and children need most. As we've seen, Tennessee's emphasis was decidedly affective, but Arizona's curriculum was geared toward preparing children for school because this was a primary concern of parents. Navajo children have traditionally received almost no preparation for the foreign world of the Bureau of Indian Affairs boarding schools to which many are sent at age six, and their predictable bewilderment in the face of Anglo language and concepts has kept them from achieving as well as they might. Academic readiness in this case is essential.

In the Navajo schedule for September (Figure 3-6), the first page is a list of goals for each program component and topics to be covered in staff training and parent workshop sessions. The following two pages are a guide for the Visitor to explain the visit's goals and the skills addressed. At the top of the page, note that activities are specifically matched with fine- and gross-motor skills. Page three includes a Parent Guide left in the home to encourage parents to reinforce the work begun. Some of the cognitive concepts are hidden in suggested topics. For example, Activity 7 helps the child learn shapes while the nature walk mentioned in Activities 1 and 3 provides an opportunity for children to talk about colors, sizes, numbers, and textures. Children are often given Anglo words, as well as Navajo words, to describe what they see. At the same time, the acceptance and use of Navajo concepts--hogans, clans, nature itself--reinforces self-esteem.

Betty Stressenger, Director of Massachusetts Home Start, made a distinction between cognitive skills and school readiness activities. "Learning numbers and the alphabet is not really important for three-year-olds," she felt. "What's more important is getting the child ready for this concrete learning by working on comparison, matching and ordering." Betty noted, however, that numbers and letters have been emphasized for so long that some parents don't believe their children are learning until they've mastered these concrete achievements.

Leila Beard of Nevada felt the Santa Clara Assessment Tool helped her staff organize the cognitive aspect of their curriculum but didn't help them stimulate the social-emotional growth of children. She would have liked to "firm up the social-emotional side of things and get parents to understand their children's feelings better."

Figure 3-5

## HOUSTON HOME START LESSON PLAN

PARENT: MARY JACKSON

WEEK OF: 10/8 -10/15

CHILD/REN 1. MICHAEL
2. FRED
3.

HOME VISITOR:

"COLORS"

LANGUAGE

M NAME THE 3 PRIMARY COLORS: RED, YELLOW, BLUE
T BOOK: WHAT COLOR IS LOVE
W LET CHILD POINT OUT OBJECTS IN ROOM WHICH ARE RED
TH CUT OUT PICTURES IN MAGAZINE & LET CHILD TELL WHAT COLOR EACH IS
F NAME OBJECTS THAT ARE YELLOW

MATH - MANIPULATIVES

M COUNT THE NUMBER OF RED BLOCKS
T PARQUETRY BLOCKS
W
TH
F

SCIENCE - HEALTH

M
T EXPERIMENT WITH COLORS TO MAKE SECONDARY COLORS
W
TH
F DEMONSTRATE PROPER METHOD OF WASHING HANDS

ART

M
T COLLAGE USING RED, YELLOW AND BLUE CONSTRUCTION PAPER
W CRAYON DRAWING
TH FINGER PAINTING
F

PHYSICAL DEVELOPMENT

M RIDE TRICYCLE
T STRETCHING EXERCISE
W
TH
F

MUSIC

M
T COLOR SONG
W MARY HAD A LITTLE LAMB
TH
F

OTHER ACTIVITIES

Figure 3-6

## ARIZONA HOME START MONTHLY PLAN

SEPTEMBER

### Parent Workshop

Curriculum Guide (Objectives and purposes, learning activities, methods of teaching, materials used, assessment and result, reinforcement)

### Staff In-Service Training

Report Writing (Monthly narrative, quarterly reports, lesson planning, health forms)

### Home Visitation Topics

My Home
My Family
Seasons

Components: **Nutrition and Health**

Four Basic Foods
Home Sanitation
Cleanliness in handling food
Healthy children and families

### Education

Stress on self-identification and positive self-concept

### Colors

Primary colors

### Numbers

Counting

### Language Development

Verbal interaction, visual discrimination for screening for audio-visual

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# HOME VISITOR GUIDE

## September

Week III Topic: My Home (Outside)

The child will sense his belonging to his parents and his total family in a home. He will also be made aware of things around his home, for a more positive self-concept.

Discussion: 1. Description of home:
What is a home: A home is a place where a family stays as a unit. Allow the whole family to talk about it.
2. Discuss things that are outside of the home. Location, plants, trees, roads, shacks, corrals, neighbors, etc.

Suggested Activities: Remember to involve parents!

1. Take a nature walk discussing the surrounding things such as trees, plants, etc. allowing the child and parent to tell you more about it than you.

2. Observe the colors of trees, plants, etc. Ask the child or parent to name them in the Navajo language.

3. Make a collage from items collected from nature walk. You pick up rocks for their colors, sizes, textures, weight, and the same with plants.

4. A child or parent can also talk about their livestock. They feel proud if they tell someone that they have sheep, cows, and horses. Allow them to tell you about them, keeping in mind the verbal and social interaction that takes place.

5. Make a house, hogan, out of sticks, grasses, sand (outside the home). You might even make a corral for the sheep or horses and talk about how each also has a home.

6. For advanced family, discuss homes for different people: Indians live in hogans, houses, shacks, tepees. Anglos live in houses and apartments. Eskimos live in igloos and houses. You might use a flannel board story for this - build curiosity so that they can ask questions.

7. Discuss shapes of homes.

8. Read a story about any animal that has a home. For instance, a mouse lives in a hole - you might also use puppets for this story.

9. Do a match activity such as what people belong to which home or what animal belongs to which home.

10. For advanced family, the parent and child can draw a home using art materials (could be fingerpainting, pencil sketching, crayolas, or their own imagination - use of home materials).

On-going Skills: Cognitive: Positive self-concept, verbal and social interaction, colors, sizes, shapes, textures, discriminations, weight, eye-hand coordination, classification

Language: Verbal interaction
Motor: Fine motor and gross motor
(painting) (walking)
Social: Interaction through sharing, doing things together.

Follow-up Activities:
1. Have the rest of the children (6 up) been enrolled for other schools?
2. Remind parents about Parent Training this month.
3. Remind or set up a PAC meeting with the PAC president. (option)
4. How are the parent projects?
5. Can any of them be used as consultants to this parent training?
6. Notify them of any appointments for physicals, dental, immunizations.

## PARENT GUIDE

September

Week III My Home (outside)

Our Navajo home is where our family stays together as a unit. Our family shares everything together at home. We work together, play together, talk together. Outside our home, we can see and find many things.

Suggested Activity to do with your child

1. If you can just go outside and take a look with your child, you will notice a lot of things. You can see the view, hear birds and animals, cars and maybe smell the air, smoke, plants, and touch objects such as rocks, grass, dirt or sand.
2. When you are inside your home, ask your child to describe what is outside your home. Allow him to tell you.
3. Take a moment of your time during the week and do an activity with your child: maybe what you did with the home visitor, such as making a collage using things that are found outside the home.

Follow-up Activity: 1. The clan system and the family.

Viewed collectively, Home Start programs moved from a stronger cognitive emphasis to a curriculum which took more affective issues into account. In the beginning, programs concentrated on cognitive development because there were many curricula available and because cognitive activities and assessment were concrete. As time went on, two parallel shifts took place: a change of focus from child centered activities to those involving parents and a shift toward more emphasis on the affective in home visits and group meetings. By the end of the three years, many Home Start staff agreed that a balance between traditional cognitive development skills and emotional and self-image issues was necessary and recognized in their own programs some progress in trying to include both of these aspects of child development.

## Bilingual Curriculum

Where families speak a language other than English as their native tongue, home-based programs have to make special plans to accommodate them. Home Start goals in this regard were different for parents and children. Because Home Start was a parent rather than an adult education program, it did not really undertake the major task of teaching parents English; rather, staff were hired who could speak to parents in their native language, while encouraging them to pick up English if they could. For children, on the other hand, Home Start was more concerned with developing English language skills in order to prepare them for school. Home-based projects running a bilingual program may find that the goals of having parents teach their kids and having children learn English are somewhat incompatible. In that case, they may find it necessary to sacrifice a little of each, as the following Home Start programs did.

"We don't want to make them come up all English," said Houston Director Ella Guidry of her program's activities with Spanish-speaking families. "Our goal is to make them bilingual, so they can keep their native tongue." To this end, Houston Home Visitors used flash cards and books in both English and Spanish and taught number and color names in both languages. In group meetings, children enjoyed the Language Master, a modified tape recorder which has individual word cards so children can hear the same word several times and compare it with their pronunciation. The machine also has a mirror so the children can watch their mouths as they attempt new sounds.

Many of Houston's Spanish-speaking families were newly-arrived from Mexico and spoke very little English; Home Visitors found kids in these families learned faster than the adults, so the Home Visitor had to take a larger role than the parent in teaching the child English. Lesson plans and materials for the parent to use with the child, as well as other forms the program used, had to be in Spanish. Experience was often the best motivator in getting these parents to learn English. One mother took her child to the dentist but couldn't communicate to him what was wrong. After waiting an hour for the bilingual nurse to come back, this mother decided to take English classes. Home Visitors also found that many parents knew some English, but were reluctant to speak in public for fear of being laughed at. In these situations, they tried to build their confidence by conversing with them in English in the relatively secure setting of a home visit.

The other Texas Home Start program, sponsored by the Texas Migrant Council, faced a somewhat similar situation. Almost all of their families were Spanish-speaking; all their staff bilingual. The program's curriculum, prepared by two Home Visitors who acted as curriculum coordinators, was primarily Spanish; English showed up in such places as teaching colors, as you can see in Figures 3-7 and 3-8. Pictures were heavily relied upon because they were considered more dynamic than words. But Program Coordinator Estela Aguilar pointed out an important consideration in constructing a curriculum for

## Figure 3-7

### TEXAS MIGRANT COUNCIL SPANISH CURRICULUM

4-5 Años Educación Enero 20-24 de '75

I. Ed. Introducir Dos Estaciones del Año: Otoño e Invierno

A. Propósito: Ayudar al niño a conocer Otoño e Invierno como estaciones del año.

B. Material: 1. Retratos de Otoño e Invierno.
2. Revistas; 3. Libros

C. Procedimiento: Explique al niño que hay cuatro estaciones en el año y que Otoño e Invierno son dos de ellas. Explique la diferencia de las dos estaciones, mostrando los retratos de revistas o libros se puede encontrar retratos que muestre la estación y que el niño puede extender más su conocimiento.

II. Auditorio: (Poema) "Frio"

A. Propósito: 1. Desarrollar la atención auditiva del niño.
2. Ayudar al niño aprender vocabulario.

B. Material: Poema escrito

C. Procedimiento: Diga al niño que van aprender un poema. Primero lea el poema, luego deje al niño que repita después de usted para que lo aprenda de memoria.

III. Motor Chico y Visual: Dibujar

A. Propósito: 1. Ayudar al niño apreciar el arte.
2. Desarrollo visual y coordinación de los musculos pequeños.

B. Material: 1. Dibujos; 2. Lápiz

C. Procedimiento: Muestre al niño el dibujo, explique cual es de Otoño y cual es de Invierno. Deje que dibuje algo perteneciente a la estación.

IV. Motor Grande: Seguir la huella

A. Proposito: 1. Desarrollo de los musculos
2. Repasar colores amarillo y azul.

B. Material: 8-Huellas de pies

C. Procedimiento: Ponga en el piso las huellas de pies. Muestre al niño como caminar sobre los pies luego deje al niño que haga lo que usted hace.

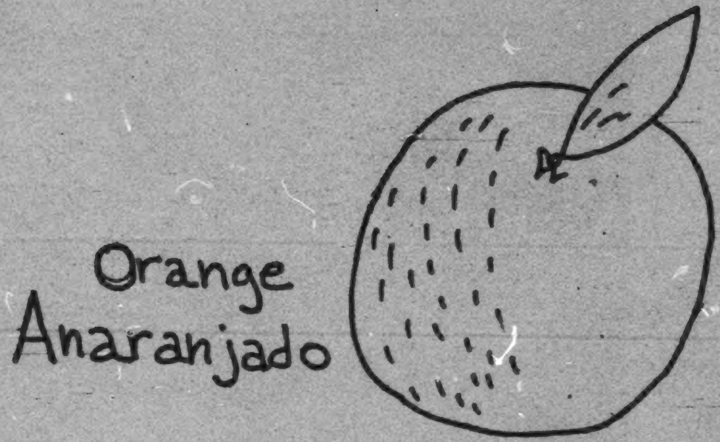
V. Conceptos: Frío - Mas Frío

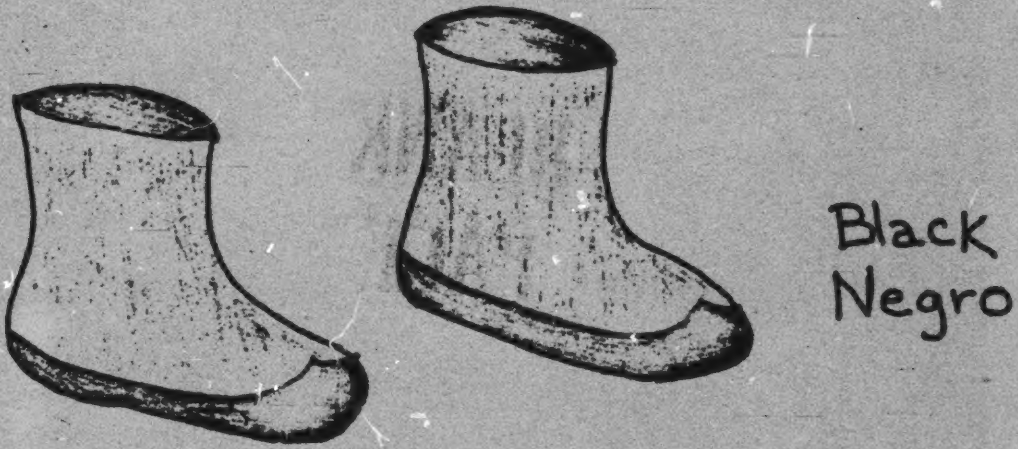
A. Propósito: Ayudar al niño a comprender la difinición de las dos palabras.

B. Material: Objectos que se encuentren en la casa como: agua fría, hielo

C. Procedimiento: Muestre al niño cualquier objecto que esté frío al natural y algo que esté congelado. Deje al niño que atiente y sienta si está frío o más frío.

Figure 3-8


Orange
Anaranjado


Black
Negro

(POEMA) FRIO

Que frío se siente ¿Por qué será?
Porque el invierno Aquí está ya.
Trae mucho frío La cruel helada,
y el viento canta triste balada.
U u u u u u, u u u u u u.
Que triste y frío es la canción
que el viento canta en la estación.

migrant children. "The children in those homes are smart. They're ready to read and write Spanish by three and four years old. When they go to the migrant camps in Indiana, they travel places where the normal child would never travel--highways, expressways, they see all kinds of things passing through--signs, people saying different directions, different types of environments. Their vocabulary is more advanced and their sense of being ready to problem-solve. They get bored with things they already know." Consultants invited to help them develop their curriculum thought TMC's planned activities were too advanced, so Home Visitors wrote their own curriculum, based on their understanding of migrant children's abilities.

The Arizona program was faced with still another problem. Most Home Start parents spoke only Navajo, so home visits were conducted in Navajo. However, Navajo is primarily an oral language, and many of the parents couldn't read what little written language there is. Written lesson plans had to be in English (and therefore not usable for many parents) or in pictures. It was important for Navajo children to learn English because at the age of six they go to BIA-sponsored boarding schools where until recently it was forbidden to speak Navajo. Home Visitors had to take the lead in teaching children English.

## Modifying Someone Else's Curriculum

If you don't have a specialist or someone with a flair for curriculum development on your staff, you may be able to adapt someone else's education plans for your own needs. Alabama Home Start used Helen Skinnell's Tennessee curriculum just as it came from her desk. Ms. Skinnell, in devising her units, found Learning Through Play by Jean Marzotto and Janice Lloyd (Harper and Row) very useful. In North Carolina, Director Esther Cunningham supplemented her lesson plans with ideas from A Planning Guide/The Preschool Curriculum by Anne Sanford of the Chapel Hill (N.C.) Training-Outreach Project. Chapel Hill staff also developed the Learning Accomplishment Profile, a guide to skills children should be able to master at various developmental stages, which was used by North Carolina staff in planning educational activities.

Arizona Home Start recently added the Portage Project's curriculum to bolster home visit content (The Portage Project, Alpern and Bell, Psychological Development Publications). A home-based teaching project developed in Wisconsin, the Portage Project emphasizes routine assessment of children and a program of activities based on these results. Portage staff provided training to introduce Home Start personnel to their more formal way of structuring home visits. Arizona staff had for two years planned their home visits without outside assistance and they particularly appreciated the more structured approach to home visiting, as well as having someone experienced work with them in planning a curriculum.

Staff in Utah worked closely with Head Start in developing their curriculum. The two programs set up an Education Planning Committee composed of staff, parents, university and community educators to come up with a year-long work plan. When overall goals, implementation, and content had been formulated, each program's own Education Coordinator worked with staff to adapt it for center- or home-based needs. The first page of the attached work plan shows educational goals within the framework of the overall programs for both Head Start and Home Start. In the Home Start Visitor and Parent Guides shown in Figures 3-9 and 3-10, specific goals are spelled out and the home-based focus is obvious.

## Parent Contributions to Curriculum

Once curriculum is on paper and staff have been trained in its use (see Chapter 5, In-Service Training), most programs

Figure 3-9

## UTAH HEAD START/HOME START WORKPLAN

## APRIL GOALS

### Health

Physical Health: (1) Outdoor and traffic safety; (2) Review community health facilities and services; (3) Growth and development; (4) Eye safety.
Dental Health: (1) Check to see if family has made six month appointments.
Nutrition: (1) Vegetables (fruits)--foods in the group, nutrition values, what they do for body; (2) Gardening for economy and nutrition; (3) Seeds we eat; (4) Eye appeal--garnishes; (5) Preparation and storage of fresh vegetables and fruits.
Self Concept: (1) Growth and change; (2) Responsibility for plants and gardens, pets; (3) Senses - use of sight; (4) How we are like animals.

### Education

General Teaching: (1) Using sense of sight to teach; (2) Realistic expectations--don't ask child to do things that are too difficult, encourage child to do all he can for himself; (3) Teaching responsibility through care of plants, animals.
Language Development: (1) Using descriptive words--especially to describe sensory experiences; (2) Importance of encouraging imaginative story-telling and language--be accepting--write down special stories.
Large Motor Development: (1) Using community resources (parks); (2) Safety in large motor activities; (3) Eye-hand coordination (throwing/catching); (4) Outdoor large motor activities to experience weather, seasons.
Small Motor Development: (1) Importance of small motor development essential for visual perception; (2) Making homemade perception games.
Cognitive Development: (1) Visual discrimination; (2) Spring concepts; (3) Science concepts (air, wind, seeds, gardens); (4) Problem solving as a cognitive skill; (5) Concept of where our food comes from.
Field Trips: (1) Seed and Feed store; (2) Bird Refuge; (3) Chicken hatchery; (4) Butcher; (5) Optometrist.

### Parent Involvement

Meetings and Classes: (1) Plan and prepare for state convention, graduation
Workshops and Seminars: (1) Protein--meat and non-meat sources; (2) Gardening; (3) Garnishes; (4) Sewing with knits.

### Staff Training

Seminars: (1) Water Safety; (2) Dairy foods.
Workshops: (1) Post testing; (2) Water play and concepts; (3) Post testing.

Figure 3-10

## UTAH HOME VISITOR GUIDE

April - 1st Week

**Unit Title:** Gardens and Vegetables

(J) With high cost of living, it's important to grow your own fresh vegetables because they are so much needed in our daily diets. Home grown vegetables are also healthier (less chemicals, fertilizers and more nutritious.) Families need information on how to store, preserve and prepare fresh vegetables. Gardening is an excellent learning and sharing experience for families.

**Specific Objectives:**

1. To help parents realize the economical benefits gained through home gardening.
2. To give parents help with methods of food preparation, and preservations.
3. To stress importance of vegetables to good nutrition.
4. To reinforce Basic 4.

**Activities:**

1. Discussion on growing a garden
   A. Why grow a garden.
   B. How to grow a garden.
   C. How to store and preserve food from the garden.
   D. Handout on food storage and preserving.
   E. How to involve children in gardening.
   F. Children will often eat more when they grow it themselves.
   G. Gardening is good exercise and teaches responsibility.
   H. Handouts on planting times, spacing, what grows in this area. (Information from County Agents.)
2. Choose a garden site
3. Plan a garden
   A. What do you want to grow/like to eat?
   B. How much space, water and time do you have?
   C. What will grow in your area?
   D. Is this to be a permanent site?
4. If no garden space, use boxes, crates and flower beds.
5. Take fruits and vegetables into home for snack/look, feel and taste.
   (H) Cleanliness in handling food.
6. Look at seeds and compare or match with vegetable.
7. Snack tray of raw vegetables--cottage cheese dip.

April - 1st week (cont'd.)

8. Sprout seeds.
9. Plant seed in plastic bag with wet paper towel.
10. Plant seed in egg carton.
11. Grow plants from sweet potatoes and avocado seed in water.
12. Seed collage.
13. Start your own tomato plants, green pepper, and cantaloupe plants indoors in cardboard cartons.
14. Count seeds.
15. Pop popcorn.
16. Classify vegetables and fruits--cut pictures from magazines.
17. Stories and books
    A. Carrot seed
    B. Turnip seed
    C. Peter Rabbit--Mr. McGregor's Garden
    D. The Little Seed
18. Creative movement--germination and growth of seed.
19. Tell parents where to get information and handouts.
    A. County Extension Office
    B. Seed Stores
20. Sprinkle grass on wet sponge.
21. Print with vegetable or weed leaves.
22. Talk about seeds you can eat and eat some for a snack.
23. Talk about food that people and animals eat.
24. Make a vegetable salad.
25. Handouts on vegetables.

Follow-up for Positive Reinforcement

1. Show seeds - sprouted in bag or planted.
2. How do you wash vegetables?
3. What did you decide about your garden?

## PARENT GUIDE

### April - 1st Week

With the high cost of living it is important to grow your fresh vegetables because they are so much needed in our daily diets. Home grown vegetables are also healthier (less chemicals, fertilizers and more nutritious). Families need information on how to store, preserve and prepare fresh vegetables.

1. Give child own garden spot--let him choose what he wants to grow. Make it a learning situation.
2. Start tomato and green pepper plants in egg cartons. Let child help.
3. These are suggestions on things that are fun for children to grow:

    Pumpkins (for Halloween)
    Radishes, carrots, sunflowers (save seeds to eat)
    Squash, peas, beans
    Flowers (marigolds, zinneas)

Nursery Rhyme to teach:

Mistress Mary, Quite Contrary

Mistress Mary
Quite Contrary
How does your garden grow
With silver bells
and cockleshells
and pretty maids all in a row.

Poem to fead for enjoyment:

Packages of Seeds
by Aileen Fisher

They can't see their pictures
They can't read the labels
The seeds in a package
So how are they able
to know if they're daisies
or green for the table?

It sounds like a fancy,
It sounds like a fable,
But you do the sowing,
The weeding, the hoeing,
And they'll do the knowing
Of how to be growing.

rely on a trial-and-error process through staff and parent comments to refine objectives and activities. At this stage, mistakes should be as illuminating as successes in showing where important areas have been overestimated or overlooked.

Parents in Tennessee influenced their program's curriculum indirectly by their comments to Home Visitors and in more direct fashion by participating in staff training. When Helen Skinnell first began developing her materials, she attended training sessions specifically to get these reactions from parents and staff. Since her Parent Guides were aimed directly at parents, she was less interested in how the guides had been presented to parents than in getting an accurate interpretation of parent response. Most useful was feedback on items that had required repeated explanation or ideas that parents simply did not accept. Tennessee's staff training, described more fully in Chapter 5, was coordinated by a staff training committee made up of people from Home Start and a sister project funded by Title III money. Parents and staff from both programs helped Visitors turn curriculum into workable, engaging activities.

If curriculum is really going to work, parents need to be able to influence it not only on a visit-by-visit basis but in the long run as well. Parents in Nevada told their Visitors which activities they liked best and together, parent and Visitor outlined a program for the ensuing week based on these preferences. Says Leila Beard, "This way they have input into the program and feel like it's their program as well as ours." In Utah, parents were encouraged to come up with new activities relating to the current unit; if they were successfully used, they became part of the following year's curriculum. Arkansas parents relayed quite specific requests through their Visitors. They wanted more information on child development--what is a normal three-year-old supposed to do? should he run all the time? why can't he walk instead?

One Arkansas mother cornered Assistant Director Linda Reasoner during a home visit to complain about the current topic, "Children of Other Countries." She said her fourth-grade child was learning the same things in geography and the topic seemed irrelevant for a preschooler. Linda explained that it's important for youngsters to realize that not all children look alike on the outside, but all of them have bones holding them together and the same kinds of things make them cry. The program wanted to prepare Anglo children to meet Indian, black, and Oriental youngsters, and, said Linda, "When I was finished, I think she was convinced. That was one case where we hadn't done a good enough job on the lesson plan of explaining why the topic was important."

Keeping curriculum clear and simple is critical if parents are to understand and work with it. This doesn't mean being condescending: it does mean throwing out the educational jargon and professional shorthand educators use among themselves. At the same time, parent materials can help families expand their vocabularies. Arkansas' Linda Reasoner cited an instance where her program's lesson plan used the word "pantomime," which turned out to be an unfamiliar term to many parents. Instead of dropping the word, she continued to use it but added a definition.

It helps to keep formats consistent so parents know where to expect instructions, lists of materials, and so on, and it's important to keep instructions clear. If it takes three paragraphs to explain an activity where one paragraph would do, a busy parent is liable to be turned off. An activity should be broken down into simple steps that can be done over several days. Many programs have found success in incorporating household routines into teaching activities, so mothers can get their housework done at the same time they're teaching simple color or number concepts. Sorting laundry, setting the table and preparing meals were favorites among Home Start staff. When a lesson requires materials, it's best to limit them to items found in most homes. It also helps to specify alternative items that can be used--a Clorox bottle or a quart milk container.

Although a year-long curriculum provides a convenient, coherent sequence of home visit activities, no two families in any program are alike. Staff at every site agreed that one of the most important aspects of curriculum presentation was flexibility in adapting units to the specific needs of families. Alabama's Coordinator Paulette Spicer commented, "If Home Visitors are really going to meet the needs of individual families, they cannot stick to a set program. The main thing we're trying to get Home Visitors to do is to look seriously at the family's needs and build a program suited for that family." Leila Beard suggested to Nevada's Home Visitors that they regard the problem of adjusting visits to individual parent skill levels in terms of bread-making. "If you were going into a home to teach a parent to bake bread, you'd want to know if she'd done it before and you'd change your instructions accordingly," said Leila. "Well, it's the same here, but you want to know if the parent ever helped the child paint before."

When families enrolled in Arkansas Home Start, they were routinely scheduled to do a unit called "All About Me" until December. Although all families used the same curriculum, the program built-in special weeks to allow families to catch up or to concentrate on areas where they felt they needed more assistance. No lesson plans were prepared for these weeks, which occurred every two or three months.

## Parents as Teachers

"We're looking toward the day when we're not there, so we try to make parents as self-sufficient as possible in educating their own children," said Nevada's Education Specialist Leila Beard. For most programs, getting parents to teach their children required first involving parents in the visit itself, while the Home Visitor was there, and then encouraging them to continue teaching during the week so they could become less dependent on the visit for prompting.

Even getting parents involved turned out to be quite a chore with some families. Home Start programs quickly learned that if the Visitor didn't make it clear from the very beginning that parents were expected to take over the teaching role as soon as possible, parents tended to sit back and watch, or worse, regard the Visitor as a babysitter. Nevada and Alabama Home Starts, as mentioned in Chapter 2, insisted that families sign a simple contract spelling out their obligations as well as those of the program. According to Alabama Coordinator Paulette Spicer, the purpose of the contract was "to remind parents of their responsibilities and to get their signature for permission to have the child go on field trips and to the doctor." Nevada's Visitors had their families sign an agreement each week stating that they would try out a minimum of three activities with their children, activities agreed on by parents and Visitor.

Visitors consistently found that if they weren't firm about parent roles, some mothers and fathers weren't home at the time of the visit and expected the Visitor to carry on anyway. When this happened in Utah, or when parents simply hung back, unwilling to become involved, Visitors took this line: "You're the teacher, I'm not the teacher. This is your job, and if you can't and aren't willing to do it, then I won't come." Many Visitors were also firm in not letting children call them 'teacher.' North Carolina's Parent Coordinator Geralene Henry recalled that when she was a Visitor, she'd hand the day's materials to the mother as soon as she entered the home to get things off to the right start.

Changing parent attitudes about teaching their children can be a slow and discouraging job. "The most surprising thing to me," recalled Houston Home Visitor Gwen Cox, "was that most of the parents I was working with weren't too interested in their child. It takes a while to change people's attitudes about that." Quite often, the underlying problem was a lack of self-confidence. Said Evelyn Brendle, a North Carolina Visitor, "You have to get mothers to feel good about themselves before you can get them to teach their children. That's why I brag on people a lot. You can always find something good about everyone."

Alabama Visitor Elizabeth Kelley didn't mince words when one of her mothers, after several months, hadn't made any effort. "Well Miss Kelley," the mother would sigh, "I'll try, but I'm just not good with this kind of stuff." "Well you try," Elizabeth would insist, and each visit she insisted a little louder. Finally, Elizabeth said, "Mrs. Landry, Janie's a very beautiful little girl, but do you know she's the only little girl in my class that doesn't know any of her alphabet? I just don't think you've been working with her. She's quiet, she won't talk to me, and she just won't do anything. I think it's because you haven't been reinforcing me...We're going to watch these children all through high school, and I'm not going to stand for any dropouts or bad grades. You might as well get with it while you have a chance..." Elizabeth was exasperated because she cared about the Landry children, and that concern seems to have done the trick. "Do you know," Elizabeth reported a few weeks later, "Janie's been on like a light ever since, and so has Mrs. Landry." This mother was not only eager to begin each visit, Ms. Kelley recalled, she'd also spent the week going over her lesson plans, making sure her daughter could do the work.

Parents may also be reluctant because they can't read or have difficulty with unfamiliar words. Discovering and handling this problem requires tact and sensitivity. In Alaska, Visitor Linda Big Joe took parents very simple books and encouraged them to "read" children stories from the pictures. In Tennessee, Visitors took along a tape recording of the book so parents could listen while they read and gain confidence for harder stories. To bolster confidence in her new parents, Ohio Director Dell Graham used parents who'd been in the program for awhile. Said Dell, "They tell new parents, 'I started out right where you did and I know the feeling, but now I'm enjoying teaching my children.'"

Aside from their value in organizing home visit activities, lesson plans left with parents can be a good incentive to keep them working with their children during the week. Some programs asked that parents identify activities for future work during the visit and others left it up to parents to decide. Houston home visits always included some of the parent lesson plan activities so parents could feel they already had a start on the week's work. Lesson plan formats were arranged so parents could note their work and comments for the following week's visit. If parents are specifically asked to work on activities, follow-up is highly important. Said one Kansas parent, "Home Visitors often left us materials and asked us to do things during the week. We wanted them the next week to ask us if we succeeded!"

During the visit itself, Nevada's Leila Beard felt there are four ways Visitors can present activities to parents:

- explaining the activity to the parent: this method, however, provides no feedback to the Visitor on how well the parent will do with it;
- demonstrating the activity with the child while the parent observes. Also known as "modeling," this method also provides no feedback;
- having the parent role-play with the Visitor, the two taking turns playing the child learning from the parent. This provides good information about the parent's abilities and problems with the activity;

- having the parent do the activity with the child, with the Visitor providing cues, if necessary. This has been most successful since the parent will have tackled everything she should be doing by the time the Visitor leaves.

Tennessee Visitor Hazel Bright used a different kind of role-playing, allowing the child to play Visitor while the parent became the child. Visitor and parent learned a lot about how children perceive them, and parents, on the receiving end, were often able to see ways to improve their teaching styles.

Keeping activities simple, as mentioned earlier, can be most helpful, especially in the beginning, when parents need to succeed in order to gain confidence. Ella Guidry, Houston's Director, felt her program's lesson plans were a success because "they weren't structured to push anything but they contained everyday things the parents were familiar with, things that were simple enough for parents to involve older brothers and sisters in teaching younger children."

To this end, many programs made everyday around-the-house activities the focus for encouraging parents to work with children. California parents, for example, were given an Everyday Activity Checklist to remind them of the teaching potential of all household tasks. On it, they recorded for each day the activity, who did it and the child's tasks. Massachusetts Director Betty Stressenger feels laundry sorting is an excellent opportunity to teach matching, counting and comparison. "Parents should realize," Betty said, "that any conversation they have with their kids is a learning experience. They can tell their children names of objects and pose problems for them which help them learn to think." Alabama Home Start staff agreed. They call such opportunities "teachable moments" and helped their parents recognize these situations in everyday activities like cooking or shopping. Even when parents are enthusiastic about working with their children, they may need to be reminded. Using a daily television program as curriculum, as Alabama and Tennessee did, is one way of designating a particular time each day for educational activities. Alabama Visitors also found that if they asked the child and parent together to do a certain activity, the child would often remind the parent and it was more likely to get done. Picking exercises that parents actually enjoy helps, too; so does getting involved in a project which lasts several weeks.

Parents can also support each other as teachers. In Nevada, a group of advanced Home Start mothers--women who understood the program and worked well with their children--met regularly in the Head Start center to share their ideas for interesting new activities. Another purpose for these sessions was to educate Head Start parents about the home-based concept, so Home Visitors, Head Start teachers and Head Start parents also participated. Nevada parents also met in their own neighborhoods to review curriculum and help each other with explanations and suggestions.

At least three Home Start programs helped parents become teachers in a more formal sense. Nevada offered a training course that ran four hours daily for three weeks to train substitute Head Start teachers. The sessions included lectures on educational theories, role-playing, techniques for reading stories, and practice teaching experience. In Utah, children's groups were run by Home Start and Head Start mothers trained by these programs' Education Coordinators. Tennessee parents regularly assisted staff in that program's mobile vans. To ensure parent success, the van teacher sorted activity cards according to level of difficulty: some parents were able to direct exercises with groups of children while others preferred, at least initially, to help set up activities or compile materials. What's important is that these programs were reinforcing the teaching skills parents were learning at home.

## Educational Materials

Imaginative educational materials can give an extra dimension to home visits and provide a source of activities for parents and children to do together during the week. A number of the 16 Home Start programs started out using mostly commercially-produced toys--various puzzles, flash cards, pegboards, books, and so on--but later decided that home-made materials were cheaper, more durable, and more educational for parents and children to make than store-bought items. When families didn't have the raw materials for such projects--some homes lacked even paper, crayons, glue and scissors--Visitors supplied them. Staff and parents came up with some excellent, low-cost ideas like these:

> Dryer Box Houses from West Virginia: Visitors and families made playhouses from the large cardboard boxes used for shipping clothes dryers. Fathers cut out doors and windows while children painted the roof and drew flowers around the base of the house. While they were painting, children were encouraged to talk about the size and color of the house and practiced concepts such as in and out, left and right, on and under. Said Bernice Andrews, Field Services Coordinator, "Parents are ecstatic about the house because children consider it very special and the neighborhood children come to visit them in it."
>
> Self-Concept Story and Flannel Board from Nevada: Visitors pasted felt on top of cigar boxes and cut figures out of contrasting colors. Children used these to act out a Halloween story designed to improve their self-concepts. The story concerned a lonely old woman who sat spinning her yarn. One day a pair of feet came to visit, then came legs, a torso, arms, and finally a Jack o'Lantern head. Children practiced retelling the story and learned the parts of the body.
>
> Photographs for Self-Image in Texas: Home Visitors for the Texas Migrant Council's Home Start program discovered the value of photographs of children and their families in teaching about family structure and enhancing children's self-concepts. Visitors asked mothers to gather family snapshots in preparation for a visit; if none were available the Visitor arrived with a camera and took some pictures on the spot. Children were tremendously pleased with their pictures.

Hand-Made Dollhouse and Binoculars from Utah: A Home Start mother made ingenious use of scraps to decorate a dollhouse. Starting with a cardboard box for the frame, she used bits of wallpaper, carpet and linoleum for interior walls and floors, matchboxes and spools for furniture and cloth scraps for curtains. Another mother used toilet paper rolls to fashion a pair of binoculars for a child.

Furniture and Materials from Massachusetts: This Home Start program devoted a large room above its administrative offices to a workshop where parents could make furniture, toy boxes, stools, easels and other items out of Tri-wall, a heavy, cardboard-type material. Staff learned how to use the materials in a two-hour session with staff from the nearby Advisory for Open Education, which also furnished a book of ideas and techniques. Said Director Betty Stressenger, "I got over being afraid of the electric saw pretty quickly, and it was all easy from there." Home Start bought the Tri-Wall and got free large cardboard cylinders from a local paper company.

Inexpensive, Easy-to-Make Books from Houston: Visitors became concerned about the availability of program books because of the wear and tear they received going from family to family. They suggested that children make their own books from Sunday comics. Children were asked to make up their own stories to describe the action in the pictures. Said Home Visitor Gwen Cox, "When they're done, they have their own little book and if they decide to tear it up, they can easily make another one."

Panty-Hose Ping-Pong Set from Utah: In order to make this toy, used for gross motor skill development, Family Educators cut the legs off pairs of panty hose and wadded the remaining part into a ball secured with rubber bands. They stretched each leg over a coat hanger bent in a circle to make a racket. The result: a ping-pong set which could be used indoors, since the ball was too soft to do any damage.

On a home visit, the Home Visitor will usually have ready-made toys and raw materials for making new ones in her bag. Said one Home Visitor, "I always take two things with me. I put one on top of my bag so it can be discovered and is easy enough to help the kids feel good about a success. The other is something new and different and will be left in the home until the next visit."

A North Carolina Visitor took the following materials with her on a home visit about fall and birds with a four-year-old boy; two bird puzzles, a book on birds, some "find-the-missing-part" pictures, glue, paper, Saran Wrap and a few carrots. The child first worked the puzzles, which were easy since they were repeated from the week before, and then the missing-part pictures, which were new and more difficult. His mother read him the bird books, they all ate carrots (a nutritious snack), and they planted the carrot top. To finish up, the Home Visitor showed mother and son how to make a leaf collage with the glue, paper and Saran Wrap, which she left at the house for the intervening week.

When programs used store-bought materials like the books, puzzles and missing-part pictures above, they usually shared them among Home Visitors and scheduling had to be done ahead of time. It's important to leave extra time for retrieving the item from the previous borrower. Most Home Start programs provided their Visitors with lesson plans (or suggested they prepare them) at least a week in advance so materials could be apportioned fairly. Marilyn Long, Utah Education Coordinator, stated a fairly common attitude about store-bought toys: "We use toys from our resource room as examples of things parents can reproduce and adapt to their own kids. Instead of buying a matching Lotto set, we get parents to make them. It's just as easy for them to make a puzzle out of the side of a soapbox as buy one in the store." This emphasis on making toys also helped parents become more aware of the potential uses of other household objects: buttons for matching, beans and rice for counting, zippers for practicing fine motor skills, newspapers and magazines for making books, cutting and pasting.

Several programs tried to make other materials available to parents more freely through toy-lending libraries. In Massachusetts, this idea didn't work. Director Betty Stressenger was discouraged by the way parents treated materials which were left in the home; they got lost or weren't cared for properly.

Parents also had problems getting transportation to the central office to borrow or return toys without relying on Visitors, so the project was abandoned. Some programs encouraged parents to learn to use local resources such as public libraries to gain access to materials they couldn't afford to buy. In Alaska, parents discovered they could check out tape recorders and taped books as well, to help improve their own reading skills. Tennessee Home Visitor Hazel Bright and her colleagues did a fine job in this respect: the librarian in her community had to hire an assistant three days a week to cope with Home Start parents' increased interest.

Most important, perhaps, is the fun aspect of educational materials. Kids are fascinated by new toys and by the opportunity to be creative on their own. Massachusetts Director Betty Stressenger emphasized the play aspect in talking about educational activities. "One of the things kids have the most fun with is a simple water play kit. All you need is a dishpan full of water, straws to blow bubbles, a funnel, a cup, and maybe some squeezy toys. We have a few parents who get a little up-tight about the water spilling, but kids really enjoy making a mess now and then and I think it's important parents understand that."

## HEALTH AND NUTRITION

It's one thing to provide health and nutrition services to children in a Head Start program or similar center setting, where they can be gathered in groups for nutritious meals, immunizations, health education and the like. It's quite another matter to provide the same kinds of health and nutrition services to families scattered over broad areas when you visit them once a week for an hour or so. But Home Start's mandate included provision of Head Start-type services to disadvantaged families in their homes, and this guideline proved to be quite a challenge. How do you see that children get balanced meals every day when families have almost no food, let alone nutritious items? How can you talk about good sanitation practices--even washing hands before every meal--when a family's water supply is located a quarter of a mile from the house and each bucketful has to be carried across the fields? How do you suggest to an exhausted, depressed mother of five that she could do a better job for her family?

Home Start's Visitors and specialists had to tackle problems like these every day, and they worked within a framework that presented unique challenges. Since an average of 75 per cent of each program's budget was allotted to staff salaries, this left precious little money for health care of family members other than the children directly served by Home Start--those youngsters between three and five years of age who were designated "focal" children in program guidelines.[1]

At the least, focal children were to be given needed immunizations and physical check-ups, including tests for vision and hearing. Staff were also expected to find ways to improve child nutrition without directly providing food. This was the minimum expected of Home Start programs; all of them did better than this.

Aside from cost, there were logistical problems of transportation, lack of services in some areas, and unwillingness of some professionals to reduce fees for the poor. Another hurdle for almost every program was fear, superstition, or pride. "You can't teach the mind until the body's strong," said North Carolina's Director Esther Cunningham, but getting the body strong is easier said than done. Her program, like all Home Start projects, attacked health and nutrition problems on two levels--first by treating immediate needs, and then by providing education about preventive practices to make families aware of the importance of a healthy environment.

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[1] For some programs, all three to five year old children in a family were considered "focal" and thereby covered for health services; for others, only one child per family was considered "focal" in terms of health coverage.

How much can be done in the areas of concrete services and continuing education will largely be determined by the size of a budget and a program's ability to enlist the help of the local professional community. People who already have contacts with community agencies and medical personnel have a distinct advantage here. With time and care, Home Start programs eventually built up relationships with local health professionals that saved time and money for their families. As Massachusetts Director Betty Stressenger said during her program's third year, "We have more contacts with agencies now, we work more closely with these agencies, and we know them as people. We know who we're sending families to. We know they're going to follow up and stay in communication with us. We also know they're going to respect the confidentiality of the family."

The services rendered will of course depend upon need: in Home Start, where families were often disadvantaged by income and isolation, needs were widespread and sometimes severe. Many children had never been to a doctor and, left untreated, their problems may have become critical by the time they entered kindergarten. On the other hand, if a project is located closer to services, health and nutrition treatment requirements may not be extensive.

Although we'll be discussing health and nutrition separately in terms of services, these two aspects of Home Start's program are clearly interlocking concerns, and most projects treated them as such, often making one staff member responsible for both areas.

## Staffing

If you can afford to hire a health or nutrition specialist, you'll be on your way to providing staff and families with accessible expertise and information. But while a staff R.N. or L.P.N. is nice, even a nonprofessional with a good knowledge of local health services can relieve the burden on Home Visitors and free them to concentrate on education or other priorities. If funds aren't available for health and nutrition specialists, your Visitors will have to have some training (see Chapter 5, In-Service Training) so they'll know enough to recognize problems and be able to make intelligent referrals to community services. Here's how five programs staffed their health and nutrition efforts:

| | |
|---|---|
| West Virginia | A full-time Health Coordinator, an R.N., was in charge of both health and nutrition needs. |
| Alaska | Most of the nutrition services provided by this program were handled by the Project Coordinator, who had a B.S. in Home Economics. Health Services were coordinated by a Health Aide and a quarter-time Public Health Nurse who also served Head Start. Coordinator Westeen Holmes felt a half-time nurse would have been better for her project's needs. |
| Tennessee | A full-time Registered Nurse handled both health and nutrition for this program, an arrangement with which the Administrative Director was "completely satisfied." |
| Arkansas | Here, nutrition services were coordinated by a Head Start Nutritionist, who helped plan nutrition education for Home Start as well. Health services were handled jointly by a Medical Specialist who shared her time with Head Start, and a Health Aide provided by another National Office of Child Development grant. |
| Utah | A Health Services Coordinator arranged immunizations, examinations, and referrals. She worked in conjunction with a Health Advisory Board and the program's Family Educators (Visitors), who also bore responsibility for health education. Nutrition activities were coordinated by a full-time staff nutritionist with assistance from the program's Nutrition Education Committee. |

In Home Start as a whole, only five programs had nurses who worked more than half-time, and four of these projects had relatively close relationships with Head Start. Only three projects had professional nutrition staff--part-time--or personnel with nutrition education. At one site, a full-time nurse handled nutrition; at another, consultant nutrition aides from a nearby university were called in to work with families needing assistance. In two other programs, Coordinators held nursing and home economics degrees respectively and took responsibility for these areas.

To help with the logistics of health care, several programs used medical specialists or health aides to keep track of family needs and update health records. Alaska's Health Aide doubled as a Home Visitor and was able to help her colleagues with special health problems. West Virginia's Health Specialist, Dorothy Morrison, R.N., spent most of her time chasing down services, making appointments, getting information and assistance to families with special needs, and shuttling parents and children to appointments. Support for nutrition services can come from local U.S. Department of Agriculture Extension offices in the form of literature, workshops for staff and families, even home visits. Nutrition students from area colleges can help too, but require considerable orientation and training before they visit homes.

Utah Home Start formed special committees to oversee its health and nutrition efforts. The Health Advisory Board consisted of a local physician, dentist, Home Start Nutritionist, health agency representatives, and parents who worked with staff members to organize screening and referrals, make suggestions for health education, and lend credibility to the staff's efforts to enlist parent support. Utah's Nutrition Education Committee was composed of the staff nutritionist, the Social Services Coordinator, Head Start's Education Coordinator, nutrition aides, and parents. This group identified nutrition needs of families and reviewed program efforts to meet them.

No matter what the staffing pattern, each Home Start program had the same mandate: to provide comprehensive Head-Start-type health and nutrition services to its families. Here's how staff and Visitors went about their tasks.

## Health Services

For Home Start's purposes, a basic health program consisted of providing families with

- general physical examinations;
- routine immunizations; and
- dental examinations.

These essential screening projects revealed needs for immediate or long-term attention and formed the basis for family health care planning. Generally speaking, programs with limited funds took care of focal children first and used any additional funds to help other family members. Home Start projects with good community support and resources managed to find enough in-kind donations to routinely address the health needs of whole families at the same time. The chart which appears on the next page shows how four programs served their clients.

The basic services described above were annual events. In addition, some programs distributed vitamin supplements on a one-time or continuous basis. While basic services were provided free or at reduced cost at most sites, follow-up treatments for problems revealed by screening were usually not free. In these cases, screening staff referred families to private physicians or specialized agencies for further treatment. Although Home Start staff didn't perform direct health services, they were the primary sources of referral to local health agencies. Visitors and/or health staff in Home Start were commonly responsible for

- locating health services;
- getting families to those services;

## A Profile of Health Services
## Provided by four Home Start Programs

| | Service: | For: | Provided by: | Paid by: |
|---|---|---|---|---|
| New York: | physical examinations | focal children | County Health Department | free |
| | dental examinations/ treatment | " " | private dentist | free/Medicaid |
| | visual screening | " " | Association for the Blind | free |
| | audio screening | " " | private Rehabilitation center | reduced fee/Home Start |
| | immunizations | " " | County Health Department | free |
| | urinalysis, H&H analysis | " " | county hospital | Medicaid/Home Start |
| | hypertension examinations | parents | county Heart Association | free |
| | physical examinations | " | private physician | Medicaid/donated |
| North Carolina: | physical examinations | all children not yet in school | Public Health Department/<br>private physician | free<br>reduced fee/Home Start |
| | dental examinations/ treatment | all 3-5 year olds | private dentist | Home Start |
| | speech and hearing screening | " " | public school | free |
| | vision screening | " " | Lion's Club mobile unit | free |
| | immunizations | " " | Public Health Department | free |
| Texas/Houston: | physical examinations | focal children | private physician | Home Start |
| | dental examinations | " " | private dentist | Home Start |
| | visual screening | " " | private physician | Home Start |
| | hearing screening | " " | city Speech and Hearing Clinic | sliding scale/free |
| | immunizations | " " | city or county Mobile Health Unit | free |
| Alabama: | physical examinations | all 3-5 year olds | private physician | Home Start |
| | dental examinations | " " " " " | private dentist | Home Start |
| | vision/hearing screening | " " " " " | Public Health Department<br>private physician | free<br>Home Start |
| | sickle cell anemia test | " " " " " | county Sickle Cell Anemia Clinic | free |
| | immunizations | " " " " " | Public Health Department | free |

- arranging payment for services;
- keeping health records; and
- encouraging families to use health services on their own.

Finding and establishing working relationships with local health practitioners should be a priority where programs don't already have health care linkages. Urban areas tend to be richer in resources, but every locale should yield at least some of these agencies used by Home Start:

City and county Public Health Departments
County hospitals
City and county health and dental clinics
City or county sponsored Well-Child Clinics
National agencies: Crippled Children, Association for the Blind, Easter Seals, Heart Association, Red Cross
Family Planning Clinics
Planned Parenthood
Community mental health clinics
State speech and hearing clinics
Veterans Administration hospitals and clinics

Getting families to health service agencies can be a headache, far more so than for Head Start programs where children can be transported together from a center. Moreover, most Home Start programs insisted that parents accompany their children to medical appointments as part of family health education, to reassure both parents and children about medical procedures, and to start parents along the road to self-sufficiency by encouraging regular visits to doctors and dentists.

Home Start programs in rural areas (in some urban locations too, where public transportation was inadequate) had three basic transportation options: take families to the services, bring services to the families, or arrange for the two to meet at a central location. Most often, Visitors drove families to their appointments and this required good scheduling and coordination. To keep the number of trips made and home visits missed to a minimum, appointments in North Carolina were scheduled for half-days on alternate Tuesdays and Thursdays so each Visitor would be tied up for only a morning or afternoon every two weeks. Dental appointments for these families were scheduled in blocks of 10-15 on a single day, since the area's most cooperative dentist was located 25 miles away. Home Visitors took turns making the trip with van loads of children and parents. Tennessee staff blocked out a two-week period just for appointments so visiting routines would not be disrupted unless an emergency arose. No matter what the solution, however, staff always ended up spending considerable time driving families around. People made good use of the transportation time, though, by singing songs, telling stories, playing games.

Bringing services to its families, Arkansas Home Start imported a team of specialists (a pediatrician, psychologist, social worker, audiologist, and speech therapist) from a Child Development Clinic two hundred miles away to screen children. The team, set up at ARVAC headquarters, thoroughly screened thirty children in three days, and conducted individual conferences with parents explaining the results of the screening and proposed treatment. "We worked it out with the State Health Department," Jo Ann Braddy stated, "and we were real proud of the way it worked out. It cut down on our travel to the tune of several hundred miles each time a child needed evaluation." In Houston neighborhoods where there were no health clinics, Home Start was able to meet some of its parents half way, using mobile health units in their neighborhoods. The units, part of a city-wide network of health clinics, provided inoculations for focal children.

Although screening was often free, follow-up treatment for problems revealed by these examinations was not, in most cases. Part of each program's budget was allocated to follow-up health care, but the sum was rarely adequate. Some families could afford to pay part of the cost, but many more couldn't. Approximately 35 per cent of Home Start's families were eligible for Medicaid, and staff spent considerable time at most sites helping families determine eligibility and apply for these benefits. Staff also persuaded physicians and dentists to accept reduced fees from Home Start parents. Ohio Home Start was fortunate in finding two physicians who donated time, giving immunizations and complete physical check-ups to most members of Home Start families at no cost. North Carolina was able to reduce costs because it had an L.P.N. who could examine and treat minor illnesses before referring families to a clinic.

Every Home Start program developed its own system of health record-keeping to keep track of who-went-where-for-what and what remained to be done. Most programs also set deadlines for completion of basic services so Visitors could get on with the job of education. Family health records may be simple, (like Nevada's card for each family with color-coded dots for completion of physical exam, dental exam, immunizations and vision test) or comprehensive, like the form used by North Carolina which is found in Figure 3-11.

Visitors and specialists for Home Start had their work cut out for them in compiling family health records. Most mothers had trouble recalling when--or whether--children had had their shots, and local health departments were sometimes unwilling to give staff access to their files. Because one aim of Home Start's program was parent independence and self-reliance, some projects felt parents should be encouraged to record and keep up-to-date their own family health histories. This philosophy was shared by Hannah McCarthy, Coordinator of the Binghamton, New York Home Start program, whose experience as a health administrator reinforced these views. When Hannah joined the New York program there were no systematic health records for her families and the local health department felt it couldn't cooperate by furnishing its information. Ms. McCarthy set about piecing together histories using partial records, what parents could remember, and her own knowledge of the timing of routine immunizations. She and her staff decided to use Head Start medical forms for children (and additional forms for families): when youngsters left the program, parents could keep their files or they could be sent directly to the local school system.

Possibly the thorniest problem in the health area is convincing parents to use the health services available to them routinely, before minor problems become severe ones. For this aspect of health care, Home Start tried to provide continuing health education.

## Health Education

The best health services and record systems won't mean a thing in the long run if parents and children don't understand why health care and a good health environment are important. For Home Start, preventive medicine meant health education about basics: why kids and dogs shouldn't eat from the same plates, even at different times; why baths are important even though water has to be carried from the well; why contaminated wells or poor food preservation and handling can make you sick.

In working with families on preventive health care, Visitors were opposing two significant forces. One was the physical environment in which many families lived--housing with hopeless heating and plumbing problems. Particularly in rural areas, it was widely reported that women were apathetic, having lost the battle with rickety or non-existent plumbing, cockroaches, and crumbling interiors beyond redemption by scrub-brush. In the cities too, substandard housing was related to health problems and even less amenable to family control, since negligent landlords and inadequate municipal services were often to blame.

Figure 3-11

## NORTH CAROLINA HEALTH RECORD

### PREGNANCY AND BIRTH HISTORY

PLACE OF DELIVERY (NAME OF HOSPITAL)

DELIVERED BY

PREVIOUS PREGNANCIES

TOTAL NO. | MISCARRIAGES | STILL BIRTHS

MOTHER'S HEALTH DURING THIS PREGNANCY ☐ EXCELLENT ☐ OTHER (DESCRIBE)

DELIVERY ☐ NORMAL SPONTANEOUS VERTEX ☐ OTHER (DESCRIBE)

BABY'S BIRTHWEIGHT

DID BABY ARRIVE ☐ ON TIME ☐ EARLY BY ____ WEEKS ☐ LATE BY ____ WEEKS

ILLNESS OR COMPLICATION IN NEWBORN PERIOD ☐ NONE ☐ OTHER (DESCRIBE)

### ILLNESS HISTORY

| HAS CHILD HAD OR DOES HE HAVE: | YES | NO | DATE | DESCRIBE DETAILS OF ANY ITEM CHECKED "YES" |
|---|---|---|---|---|
| MEASLES (RUBEOLA) | | | | |
| MUMPS | | | | |
| CHICKEN POX | | | | |
| RUBELLA (3-DAY OR GERMAN MEASLES) | | | | |
| WHOOPING COUGH | | | | |
| SEIZURES, FITS, OR SPELLS | | | | |
| TONSILLECTOMY | | | | |
| ANY HOSPITALIZATION | | | | |
| EXPOSURE TO TUBERCULOSIS OR PERSON WITH CHRONIC COUGH | | | | |
| FREQUENT BEDWETTING NOW | | | | |
| ANY KNOWN CHRONIC DISEASE OR HANDICAPPING CONDITION | | | | |
| OTHER SERIOUS ILLNESS | | | | |

### DEVELOPMENTAL HISTORY

| COMPARED WITH HIS BROTHERS AND SISTERS AND WITH OTHER CHILDREN HIS AGE, HAS THIS CHILD BEEN PARTICULARLY FAST OR SLOW IN: | FAST | ABOUT AVERAGE | SLOW | COMMENTS |
|---|---|---|---|---|
| WALKING, RUNNING, CLIMBING | | | | |
| TALKING | | | | |
| PLAYING WITH TOYS, COLORING, DRAWING | | | | |
| UNDERSTANDING WHAT IS SAID TO HIM | | | | |
| GETTING ALONG WITH CHILDREN HIS OWN AGE | | | | |

| IS THIS CHILD CONSIDERED BY HIS MOTHER OR BY OTHERS TO BE PARTICULARLY: | YES | NO | COMMENTS |
|---|---|---|---|
| "DIFFICULT" OR "DIFFERENT" | | | |
| HYPERACTIVE | | | |
| CLUMSY | | | |

## IMMUNIZATION RECORD (NOTE DATE AND ANY ADVERSE REACTIONS)

| | | | | | | |
|---|---|---|---|---|---|---|
| DIPHTHERIA, PERTUSSIS, TETANUS, (DPT) | ORIGINAL SERIES | #1 | #2 | | #3 | |
| | BOOSTERS (DT AFTER AGE 6) | #1 | #2 | #3 | #4 | #5 |
| POLIO | FOR EACH IMMUNIZATION, INDICATE TYPE OF VACCINE (OPV-T=TRIVALENT ORAL; OPV-1=TYPE 1 ORAL; S=SALK(IM) | | | | | |
| | #1 | #2 | #3 | #4 | #5 | #6 |
| MEASLES | HAD NATURAL INFECTION (NEEDS NO IMMUNIZATION) | LIVE VACCINE (SWARTZ OR EDMONSTON) | | KILLED VACCINE #1 | #2 | #3 |
| SMALL POX | 1ST VACCINATION (DATE) | PRIMARY TAKE? ☐ YES ☐ NO | REVACCINATION #1 (DATE) | #1 TAKE? ☐ YES ☐ NO | #2 (DATE) | #2 TAKE? ☐ YES ☐ NO |
| OTHER (IMMUNIZATIONS) | | | | | | |

## SCREENING TESTS RECORD (ENTER DETAILS AND FOLLOW-UP OF ABNORMAL TESTS IN PROGRESS NOTES)

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| TUBERCULIN TESTS | DATE | | | | | | | | | |
| | RESULT | | | | | | | | | |

| VISION SCREENING | DATE | TYPE OF TEST | ACUITY (CHECK) | | | FUSION | COMMENTS |
|---|---|---|---|---|---|---|---|
| | | | PASS | FAIL | NOT TESTABLE | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| AUDITORY SCREENING (INCLUDE AUDIOGRAM IN PROGRESS NOTES.) | DATE | TYPE OF TEST | PASS | FAIL | NOT TESTABLE | COMMENTS |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| HEMATOCRIT OR HEMOGLOBIN | DATE | RESULT | URINALYSIS OR URINE CULTURE | DATE | RESULT |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## OTHER SCREENING OR LABORATORY TESTS (INCLUDE PSYCHOMETRIC, IF AVAILABLE)

| DATE | TYPE OF TEST | RESULT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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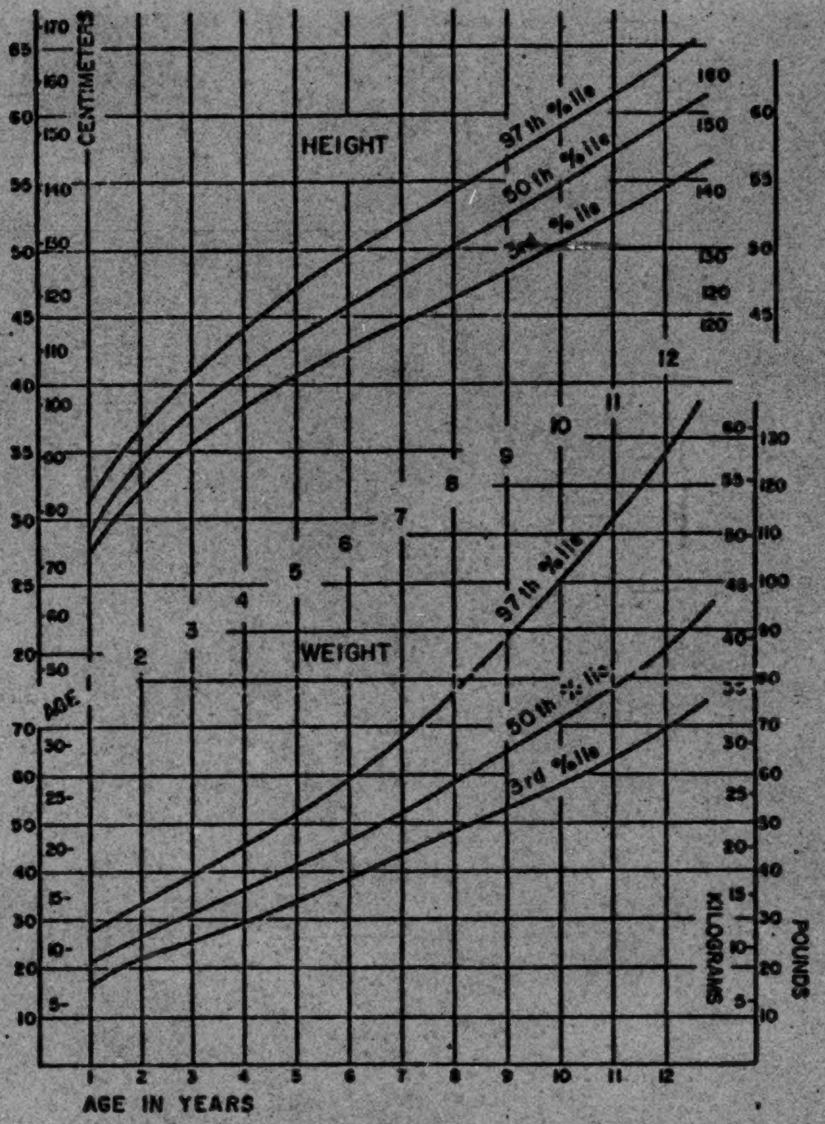
| | | |
| | | |
| | | |

## GROWTH CHART



I give my permission for ______________________ to have all necessary medical examinations, immunizations, laboratory tests, and treatments from the physicians, dentists, and other health personnel of the pre-school and school health programs

______________________________________________

Date Signature of parent or guardian

[illegible]

The second factor Visitors struggled against was a psychological environment of fear and ignorance about health care. In many areas served by Home Start, basic knowledge of sanitation, birth control, and personal hygiene was almost non-existent. Misinformation was widespread, and led to myths and old wives' tales about the causes of illness, mental retardation, pregnancy, and so on. Staff found they had to prod physicians and clinic staff to explain to families cause and effect relationships between health care and illness, to minimize misinformation and alleviate fears.

Most programs developed health education materials that could be integrated with regular home visit curriculum. In Alaska, Visitors routinely set aside some visiting time to cover elementary health topics--how the blood circulates, how the eye works, how reproductive systems function. Learning how the body works, Visitors felt, was a first step in understanding how it can be kept healthy. An example of Alaska's approach to health education is found in Figure 3-12.

Working health education into your curriculum isn't hard; here's how three other programs got parents and children involved.

| | |
|---|---|
| New York | This program focused on basic personal hygiene--hand-washing, toothbrushing, etc., and provided each child with a personal grooming kit obtained from the local Red Cross chapter. A major hurdle, parent superstitions about immunizations and illness, was countered with written materials and popular newspaper columns such as "Dear Abby" and "Dear Doctor." Staff found these materials extremely helpful in reinforcing principles they were trying to teach families. |

| | |
|---|---|
| Texas Migrant | Efforts here were geared toward teaching mothers to teach their children basic hygiene, such as handwashing, teeth-brushing, etc. Staff had to deal with the varied problems of very poor families living in unsanitary conditions provided by growers. Working closely with parents and community migrant health clinics, the program sought to improve the quality of services available to migrant families. In addition, families were provided with a directory of services in northern areas to which they migrate during harvest months. |
| California | Staff used a series of detailed projects and exercises from the Head Start booklet "Healthy, That's Me" for parents and children, focusing on preventive health and dental hygiene. Group meetings dealt with local superstitions and how to overcome them. |

Health-oriented curriculum in Home Start was usually developed by consulting or staff specialists in health, but it was the Home Visitor, in her day-to-day dealings with families, who made health information understandable and acceptable to parents and their youngsters. In Ohio, extra help came from a physician who volunteered his Saturdays to give physical exams to Home Start families. The exams were relaxed sessions, with the doctor explaining at each stage what he was doing and why: in effect, he gave each family a private health care seminar. "Sometimes families will call Dr. Leau now instead of us or their Home Visitors," said Cleveland's Director Dell Graham, and that's precisely what Home Start aimed for.

Visitors, although trained to demonstrate and teach, often found themselves pitching in to help families improve their living conditions and thus their immediate health environments. West Virginia Visitor Eloise Howes devoted her first visits with an Appalachian hollow family to pushing a mop. "It was just desolate," she recalled, "bare, dark and dirty. First, we had to get rid of the roaches--you couldn't sit down

## Figure 3-12

### GREATER FAIRBANKS HEAD START ASSOCIATION

### Health Component Topics

| | |
|---|---|
| Aug. 26-Sept. 6 | Physical exams and why we need them |
| Sept. 9-20 | Our teeth and their importance |
| Oct. 7-11 | Childhood illnesses and diseases, good health habits, personal hygiene |
| Oct. 14-18 | The eye, its structure, diseases - prevention, and care |
| Oct. 21-Nov. 1 | The ear, its structure, diseases - prevention, and care |
| Nov. 4-8 | The Respiratory System Part I |
| Nov. 11-15 | The Respiratory System Part II |
| Nov. 18-22 | The Nervous System |
| Dec. 9-20 | The brain and the effects of alcohol and drugs on it |
| | Toy safety and fireproofing |
| Jan. 6-17<br>(cold) | Skin infections - cleanliness, allergies |
| Jan 27-Feb. 7<br>(cold) | Respiratory System - its structure and functions, diseases |
| Feb. 10-21<br>(cold) | Mental health |
| March 3-14 | Reproductive System, Birth System |
| March 17-21 | Teaching your child about sex |
| April 7-11 | Muscles - their structure and function, disease |
| April 21-May 2 | Bones, their structure, function, and diseases |
| May 12-16 | Safety - making the environment safe for children |

otherwise. Painting and cleaning seemed to come natural then." Next came scraps of linoleum for the floor and screen doors to keep the flies and chickens out. With the help of Home Start staff and an FHA loan, the family was able to install indoor plumbing and a bathroom.

More common problems throughout the Home Start system were safety hazards for children, unsanitary conditions around eating areas, and poor food handling practices. Everywhere, staff worked with parents to teach children to "wash their hands, brush their teeth, and use a Kleenex when they cough."

Personal hygiene and sanitation are sensitive issues to most people, and staff found their approaches ranged from delicacy to confrontation. "You can't be too sneaky, but you can certainly be diplomatic," said New York Director Hannah McCarthy. "You don't go in to hurt people, you go in to teach them." Estela Aguilar of the Texas Migrant project found the best approach was an open one: "Be very direct and frank and they will accept you for telling them. For example, a parent that was so dirty, nobody wanted to tell her what the problem was, why she and her child both had impetigo, and it just had to be said--you know--you need to take a bath."

Different sites had different health problems to deal with. In Alaska, hearing problems caused by acutely cold conditions were a major concern. Impetigo and worms were a particular nuisance in Texas, Arkansas, and New York. Eye infections were common among migrant families. In each case, Visitors showed parents how to spot early signs of these problems, where to go for treatment, and how to keep them from spreading to other family members. Myths were widespread and could often be dispelled only by medical professionals. New York's Hannah McCarthy remembers a mother who was convinced her son's retardation was the result of an early immunization; no one could set her straight. Better, Hannah felt, to leave the convincing to doctors and concentrate on educating families before they get to the point of needing this kind of convincing. "But it's hard," she admitted. "You can't retrain older people; they believe in the myths and they stick to them."

Pride was another difficult factor: families were reluctant to accept free health services because they associated them with "welfare" and the inability to provide for one's own. North Carolina staff pointed out to their proud mountain families that these services are supported by tax dollars, dollars parents themselves pay, and are therefore not really free. Fear also played a part in family reluctance, and Visitors found parents as well as children afraid to visit doctors and dentists, particularly families that had never availed themselves of formal medical care. One Visitor in North Carolina spent a year and a half trying to get a neighbor to the dentist. The woman finally agreed to go in exchange for a picture of herself in the dentist's chair, which she thereafter carried proudly in her wallet. Now she even sends her children to the dentist.

Home Start parents were particularly receptive to backup information in print, and Visitors were often thankful for the extra credibility various articles provided. Materials came from local health departments, magazine articles, advertisements, and popular medical columns in newspapers. Head Start's Healthy, That's Me booklet was used by several programs. To prepare children for their first visits to the doctor, California Visitors took stethoscopes, tongue depressors and thermometers into their homes to demonstrate what goes on during a physical exam. In group sessions, dental care was demonstrated to children with a giant-sized tooth and toothbrush. Youngsters were encouraged to practice brushing and look for places in their own mouths where bits of food could hide. At the same time, parent meetings included literature, films, and discussions of dental hygiene, sanitation, and similar health issues.

Finally, Home Start programs found that persistence and patience were required to get families to use health services, especially on a regular basis. Gloucester, Massachusetts, according to Peter Anastas, Family Services Coordinator, "is a very old-fashioned town; you only go to a doctor when you're sick, and people here have all kinds of ways of avoiding knowing they're sick. Lower-income people figure they can't pay, so they don't go ... One thing we've done has been to find a way, not necessarily to persuade parents to stay behind things like yearly physical exams for their child, but to help them do it in a more relaxed way. We simply can't go into a home and say, 'Okay, you're going to get a physical ...'"

Despite the hurdles programs had to overcome in delivering health services and education to their families, their impact was definitely felt. During an average project's year, more than 9,000 referrals were made to health services, of which a good 87 per cent went to focal children. There are lots of success stories about how Home Start's prompt attention to medical problems nipped potentially disabling problems in the bud. For a family in North Carolina, a boy's speech impairment was diagnosed and treated, prescriptions for eyeglasses were filled, a heart murmer was identified, and measures were taken to correct the young mother's anemia. For the Bixby family, Home Start made a difference.

## Nutrition Services

Nutrition services in Home Start were of necessity education services. Because the program was a home-based one, staff could not provide families with meals or subsidize their food budgets: no funds were allocated for nutrition, although each program was expected to promote healthy eating habits and demonstrate the relation between good nutrition and good health. Visitors were once again prime movers in this area, working through discussion with mothers, providing literature and practical assistance with shopping and food preparation, and special projects for children. Staff worked within the context of family budgets and--where operative--ethnic food patterns, to improve the quality and balance of family food intake. Several programs found it beneficial to give children nutritious snacks (apples, carrots, and the like) during home visits to illustrate the value of these foods instead of soft drinks and sweets.

Individual programs were on their own in developing an approach to nutrition education, so each Home Start site treated the subject differently. Here's how five of them did it:

| | |
|---|---|
| **Arkansas** | This program focused on parents *and* children, with games everyone could play, such as Basic 4 (food groups) Hopscotch. Staff developed individualized diets for families with special problems and periodically reviewed all families' menus with suggestions for modification. Some families were involved in a feeder pig program (given a pig to raise and breed) and home garden program instituted by the sponsoring agency. A real problem was getting fathers to change food habits. |
| **Alaska** | This program's philosophy was not to change family diets but to add missing nutrients. Staff provided basic education on food groups and how to obtain missing elements (see sample in Figure 3-13). An insoluble problem was the high cost of foods in Fairbanks. |
| **North Carolina** | Education was directed at parents and children. Staff adapted the story of Billy Goat Gruff to illustrate the four food groups and encouraged parents to use wild foods and mountain folklore as presented in *The Foxfire Book*.[1] Parent education groups tried to dissuade fathers and grandmothers from their nutritional *status quos*. |

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[1] A directory of wild foods, crafts, and culture from Appalachian mountains and valleys compiled by Georgia high school students edited by Eliot Wiggenton, published by Doubleday.

Figure 3-13

## GREATER FAIRBANKS HEAD START ASSOCIATION

### A Daily Food Guide for Children

| Type of Food | Amount Each Day |
|---|---|
| Milk Group | |
| Milk (fluid whole, evaporated, skim, dry, buttermilk) | 2 to 3 cups |
| Dairy products such as cheddar cheese, cottage cheese, ice cream | May be used sometimes in place of milk. |
| Vegetable-Fruit Group | Choose 4 or more servings: |
| A citrus or other fruit or vegetable high in vitamin C. Grapefruit, orange, tomato (whole or in juice), raw cabbage, broccoli, fresh strawberries, guava, mango, papaya, cantaloup. | 1 serving each day - usually 1/2 cup or a portion as ordinarily served such as a medium orange, half grapefruit |
| A dark green or deep yellow vegetable for vitamin A. You can judge fairly well by color - dark green or deep yellow - apricots, broccoli, cantaloup, carrots, greens, pumpkin sweet potatoes, winter squash. | 1 serving at least every other day, usually 1/2 cup of vegetable. |
| Other fruits and vegetables including potato. | 2 servings, count as 1 serving 1/2 cup of fruit or vegetable. |
| Meat Group | |
| Meat, fish, poultry, eggs.<br>As alternates: dry beans, dry peas, lentils, nuts, and peanut butter. | Choose two or more servings.<br>Count as serving: 2 to 3 ounces of lean cooked meat, poultry, fish (without bone), or 2 eggs or 1 cup cooked dry beans, peas, etc. or 4 tablespoons peanut butter. |
| Bread and Cereal Group | Choose 4 or more servings. |
| Whole grain, enriched or restored bread and cereals, and other grain products such as cornmeal, grits, macaroni, spaghetti, and rice, tortilla, cornbread. | Count as serving: 1 slice of bread; 1 oz. ready-to-eat cereal; 1/2 to 3/4 cup cooked cereal, cornmeal, grits, macaroni, noodles, rice, or spaghetti. |

Plus Other Foods

Other foods such as sugars, oils, margarine, butter, and other fats may be used in many ways to complete meals and to satisfy appetites.

Serving sizes may differ -- small for young children, extra large (or seconds) for very active teenagers.

| | |
|---|---|
| California | Nutrition education here was geared to specific families according to their culture (Mexican, Oriental, Samoan, Filipino) and needs. Visitors introduced Multi-Purpose Food (a tasteless powdered soybean product) to families and provided translations of recipes to help them use it. Children were assisted in making their own cookbooks, and cooking demonstrations were given for both parents and children. Figure 3-14 is an example of California's nutrition curriculum. |
| Utah | Parents were the main targets here. The program's Nutrition Education Committee, composed of staff and parents, presented workshops and demonstrations to help mothers learn to cook with supplemental foods: the result was a recipe book for Home Start families. Children were shown how to keep track of their own eating habits with a cardboard record form called a "chew-chew train." The train had a car for each of the four food groups, and each time during the day a child ate something from one of the groups, he put a special ticket in the appropriate car. It was a graphic example of where families' diets were deficient. |

It's difficult to talk about good nutrition when a family has little food. Visitors learned to make a quick check of food supplies before launching into the subject. If families were hungry, staff helped them obtain immediate help through emergency food programs run by welfare offices, churches or charitable organizations. Tennessee circumvented organizational red-tape and set up its own emergency food shelf for needy families. For more long-term help, once the family was fed, Visitors helped parents determine their eligibility and apply for food stamps to supplement their buying power; between 55 and 60 per cent of Home Start's families used stamps. Some families were able to obtain food through federal Surplus Commodity Foods programs as well. According to staff in Ohio, "The lack of money to buy food is more often the problem than poor nutrition practices." Home Start programs found other ways to help families stretch their food dollars. In West Virginia, where there were constant shortages of food in certain counties, Visitors encouraged families to shop together and buy in larger quantities to keep costs down. Elsewhere, programs encouraged their families to shop at supermarkets rather than small groceries where prices were usually higher. Visitors even found it useful to take a carload of mothers shopping and point out bargains and how to comparison shop.

Houston Social Service Coordinator Ruthie Wyatt considered nutrition education a matter of changing attitudes. "In nutrition," she felt, "you have to use a lot of psychology." Her thoughts were shared by many other nutrition staff who found poverty-induced or culturally-formed eating habits strongly resistant to change. Wherever Home Start worked with culturally distinct groups, staff were careful to augment traditional diets rather than try to change them. Tennessee's Kathy Poutsch, an R.N., said people in general eat what they like, not necessarily what they need, and "when you don't have anything you're more apt to buy something you don't need, just because you have such a fantastic desire for it." A good way to reach parents, Kathy said, is to go through the children. "If the kids eat something with the Home Visitor, they may later ask for it, or at least be willing to eat it."

In dealing with "mountain pride," North Carolina's Visitors learned that parents can effectively reach other parents. Director Esther Cunningham told the story of one

## Figure 3-14

## CALIFORNIA HOME START - SAMPLE NUTRITION CURRICULUM

SOURCES OF BREADS, CEREALS

Justification: Bread, cereals, oatmeal, rice, cornmeal and other cereals; spaghetti and macaroni are sources of Vitamin B and supply the body's main energy.

Cereal and bread are important to eat every day for a good, strong, healthy body.

Activities:

1. Bring "Boys and Girls" cookbook for preparing related dishes such as Bologna, Peanut Butter and Jelly, with practice in cutting small shapes.
2. Sort bread and cereal groups out of set of mounted pictures (for very small child mix cereals with other types of pictures) and Dairy Council pictures.
3. Use or make cereal snacks, such as granola.
4. Make a collage using different grains and grain products. Use other foods for sorting out grain.
5. Make macaroni necklace using food dye, string.
6. Trip to market to look at bread and cereals.
7. Take trip to tortilla factory.

woman who wanted to get food stamps so she could buy better food for her children but whose husband forbade such "charity." Another parent convinced her to get the stamps anyway, buy the food, prepare a meal, and when her husband complained to respond, 'This is the supper I've made for our children with food stamps and if you don't want to eat it, please wait outside until they're finished and I'll prepare your supper.' The woman did it, and her tactic worked. "It's each one teach one," observed Esther.

Several programs provided seeds and helped interested families prepare and plant their own gardens. Visitors noticed that children and parents both were proud of their gardening efforts and diets improved as fresh vegetables were introduced into family meals. Local homemaker aides, nutrition aides and Agricultural Extension Service personnel could be called on to give cooking demonstrations of various ways to use vegetables. In the late summer, Home Start programs also arranged for these specialists to conduct workshops for their families on canning and preserving techniques to get the most from their gardens.

Overall, Home Start programs had mixed success with their nutrition efforts. Although staff could see changes on the horizon, particularly in increased family awareness of the relation of good nutrition to good health, ingrained food habits die hard. As their three-year funding terms came to an end, staff felt they were just beginning to make a dent in attitudes. Said Esther Cunningham, "You really have to change the eating habits in the home, and we just really started that."

# CHAPTER 4

# WORKING WITH FAMILIES

**What's in this Chapter:**

- Home Start's Families and their Needs
- Social Services Staff
- Social and Psychological Services
    - Parent Groups
    - Children's Groups

Home Start's goal, in addition to the provision of education, health, and nutrition services similar to those offered by Head Start, called for "social and psychological" assistance to families. The aim was to strengthen families by helping them become self-sufficient, to redirect parents from a crisis orientation to a coping one so the home could become a stable environment in which children could learn. Serious family problems such as alcoholism, child abuse, unemployment, disability, and divorce can generate tension and occupy so much parent attention that a sustained educational program for children is impossible. Home Start staff saw their jobs in this area as getting families on their feet during the short time Home Start would be part of their lives. "Our job," said Peter Anastas, Family Services Administrator for Massachusetts Home Start, "is to help people feel good enough about themselves to think they have a right to ask for fair treatment. Aid for Families with Dependent Children is supposed to be a stipend for raising kids, not a punishment."

The goal was self-sufficiency, and the means Home Start used were, in the beginning, concrete assistance--anything from helping get a telephone installed to arranging for psychiatric counseling--and later, as immediate problems were alleviated, support for constructive change. "Support" meant different things to different staff members, but in the end, all of them had to accept the kinds of limits other people in such counseling roles have described: self-sufficiency doesn't always mean happy ever-afters; change doesn't always look like growth; growth itself is often painful. Yet there are lots of happy stories about Home Start families: all of them begin with concern for a preschool child and broaden into ripples of change for brothers, sisters, mothers, fathers, and other family members. "We can't decide what [parents] should do," said Houston Social Service Coordinator Ruthie Wyatt, "but we can provide support. Most people already know what they need to do; it's just that they're afraid. We all have that fear of striking out on our own."

## HOME START'S FAMILIES AND THEIR NEEDS

Although working with whole families was implicit in Home Start's guidelines, the program's home-based format made it inevitable. Each week brought Visitors into living rooms where children and parents played and lived; into kitchens where there often wasn't any food for the evening meal; and into complicated family affairs where husbands or wives were ill, in-laws needed help, or older children were plagued by emotional or physical problems.

A common problem, particularly for the mothers in Home Start, was simply isolation--a deadening routine of housework and child-care with no opportunity for even passing interaction with other adults. This isolation was frequent in rural areas, where women lived far from main roads and other homes and where husbands bought food staples and disapproved of their wives leaving the home. With no car and no telephone, a rural woman could be effectively immured inside her house. But women were also isolated in cities, prisoners of apartments, housing projects and duplexes far from urban transportation systems.

Many were locked inside themselves, victims of fear and their own lack of confidence. Like cabin fever, the longer they stayed in their homes the harder it became to get out into the real world. "Before, I wouldn't go out of my house," said a mother of four who lived in a Binghamton, New York housing project. "But Home Start, when I finally tried it, it got me out of my shell, got me talking with other mothers, and it helped my mental outlook. Home Start is a two-way thing; it's very good for the children and it's good for me to find that my own problems aren't that earthshaking." For these women, a weekly visit from a confident, concerned woman meant adult companionship and stimulation.

Home Start's families were diverse in every respect--in their cultural backgrounds, their economic circumstances, their sizes, their attitudes toward life, their physical surroundings, and their needs. Some required concentrated attention from Home Start staff, and others were on the way with a little reassurance and verbal support. In Alaska, a father joined the program because he wanted to help this three-year-old son, Shane. Frank Laing had four other children, was unemployed, and listed himself as divorced. It wasn't until several months had passed that the Home Visitor realized that the pregnant Native Alaskan woman who occasionally turned up at the house was Mrs. Laing. Frank and his wife, Anita, had had serious personal problems and she had gone to pieces with alcohol. Home Start staff tried to show understanding and acceptance with Mrs. Laing, and conveyed their concern about her unborn child and the rest of the family. With support, Anita pulled herself together and became an interested, hard-working teacher for her child. Coordinator Westeen Holmes recognized that the Laings were caring people and concerned parents. "They wanted to do better," she observed "they only needed a little bit of help." Westeen and her staff were too modest: they gave a great deal of help.

At the other end of the scale was a Cleveland mother, a widow who at 29 was raising six boys single-handedly and working with the Boy Scouts, the PTA, and her local housing committee. She wanted to do more for her community but she lacked self-confidence and still had a child at home. Her Visitor helped her make child-care arrangements and persuaded her to serve on the local Home Start Parent Policy Committee which eventually led her to a speaking appearance at Home Start's National Conference in St. Louis. This woman, with encouragement from her Visitor and her friends, entered a local election and won a seat as a committee-person in her ward. She also returned to school for her G.E.D. Said Visitor Annie Gordon, "She's the type of mother that needed just a little push, or motivation, to get her going."

The stories are myriad, but there was one common denominator for Home Start's families: all of them lacked the financial resources, according to federal standards, to buy the food, clothes, and shelter they needed. Those who came close to having enough money often didn't know how to manage what they did have, and operated in a crisis pattern that prevented them from achieving their goals for themselves. The definition of "poor" varies considerably from region to region in this country, depending on the local cost of living. In Alaska in 1975, a gallon of milk at the supermarket costs $2.66; in Dardanelle, Arkansas, it costs $1.29. What it means to be poor in North Carolina and see almost no one outside your hollow is different in essence from being poor in Cleveland where you see lots of other people and many of them seem to have more of everything than you do. In some programs, poor families were clustered in areas easily identified as ghettos. Elsewhere, as in Tennessee, poor and not-poor and temporarily poor lived in similar locations.

One Home Start Director objected to the program's eligibility guidelines even as he complied with them. "Here, there aren't the same distinctions between poor people and rich people as you find in other areas," stated Tennessee's Dr. Frank Skinnell. "Mining and bootlegging and a couple of other ways are the only ways to get rich: there aren't many rich people. Every rich man has a lot of poor relatives. It isn't fair to label these people as 'poor' people--it puts them in a special class." Occasionally exceptions were made to allow families with handicapped children or special problems to participate. Said one Visitor, "Lots of my families have never been poor before, or don't know how to get along being poor because it's happened suddenly. You can't lump them all together, poor people--they're individuals like everyone else."

## Working with the Whole Family

Although Visitors worked primarily with mothers (they constituted over 80% of Home Start's "focal parents"), in each family other individuals also participated, according to who was usually at home, who was interested, and who was in demand by the children themselves. Helping families gain independence meant involving everybody in a share of the responsibility and in problem-solving. Visitors reached out to everyone by means of field trips, covered dish suppers, special projects such as repairing the program's traveling van, housing meetings, trips to the doctor--any occasion that could be useful.

Getting fathers involved was a prime concern for every Home Start program, but some programs did better at this than others. In some cases, cultural tradition helped, according to San Diego staff. Samoan and Japanese fathers were willing to participate as long as they were recognized as heads of the household. "We have better luck involving Mexican-American fathers in program activities than with fathers in other communities," observed a Houston staff member. Universally, men would help willingly in traditionally male roles--as committee leaders, building cabinets or toys, doing repair work, and so on, but it was harder to get them involved in educational activities or to spend more time with their children. Some fathers were often not at home and others worked seasonally. ("When you can cut timber here," said one, "you cut timber, and there's no time for anything else.") Many more did not consider teaching their business: society had trained them to believe that working with children is a female role.

The tradition of male dominance in family affairs meant that staff learned early on to talk with fathers from the beginning about the family's participation in Home Start: otherwise, families dropped out because the father didn't understand what was happening or didn't want to be involved. Nevertheless, Visitors found many fathers who were interested and ready to help their children. "Even at the beginning," recalled Linda Reasoner, Assistant Director in Arkansas, "we found that dads would sit in the next room and listen, or they'd come stand in the doorway and watch for a few minutes. We tried to pull them into activities: at first they were a little cautious. I think they thought that the education of the children was basically the mother's job, but they were curious and they responded much more to our efforts than we thought they would. We have about 19 dads that are considered active parents (in home visit activities) along with the mother. Word gets around. One of the staff overheard two dads at a rodeo talking about the Home Start program. One of them was really doing a big sell job, so we knew we'd been successful at least with that father."

Fathers who aren't at home during the visit can still be involved. "I frequently try to put reminders in the curriculum guide for the Visitors," said Tennessee's curriculum specialist Helen Skinnell, "like 'Have Daddy help you with this puzzle' or 'Ask Daddy to help you find something red in the garden.'" Even though Visitors couldn't always get fathers involved in puzzles or matching lotto, other staff did try to bring them out to family events--picnics, special trips or projects--or parent meetings. Men tended to feel less out of place in these situations, and they were a good opportunity for fathers and children to enjoy each other. Parent coordinators and social service coordinators often handled outings and meetings and approached fathers directly about taking part. In fact, they provided needed reinforcement, but it was most often mothers who got their husbands involved. Occasionally, a grandfather would stand in for a working father, and grandmothers were sometimes listed as "focal parents" because they took care of the children most of the time.

Involving teenagers and other family members may be more likely in some regions and among some cultures than others. "Everyone at home, including grandmother and aunts, gathers around for home visits in my neighborhood," said Virginia McKinnon, who grew up--and later worked--in the Sicilian neighborhood in Gloucester, Massachusetts. "It's an unusual visit if a couple of cousins next door don't send their kids, too," she added. Virginia's sessions were conducted in Italian and English. In Houston, Visitor Nora Hernandez said that learning English is so important for both child and parents in Mexican-American families that visits often included other family members as a free tutoring opportunity. Families in the Texas Migrant Council's program were accustomed to doing things together; so much so that workshops for parents were often full of older children. The teenagers liked getting together so much they formed what they called Teen Start and have gotten Manpower funds for activities and counselors.

Home Start's migrant families had special problems and needs. For much of the year, families travel, working the fields northward as crops ripen. Despite national attention to the plight of these workers, conditions in migrant camps and in their home areas remain unacceptable. Said Estela Aguilar, Home Start Coordinator in Weslaco, Texas, "The family does not stay in the migrant camp every single day. The days they have off they go out to sightsee, to parks and places like that, because the living conditions at the camps are very bad. No matter how good they say the camps are, they're ugly...and awful. Their parents take them different places, and being with the parents, they interact with them a lot more."

Many of the parents in Estela's program were young and caught up in the same cycle of poverty their parents suffered. "It's a never-ending thing," said Estela sadly. "No matter how much you clean, it's never going to look good, really. It looks clean, but it's not going to look pretty...It's discouraging, very discouraging, especially when you're young, just married, and you have to live in this little ol' shack when for twenty years you've been dreaming of the nice house you're going to have when you get married--no more problems. That's why a lot of girls get married. You ask them--'Cause I don't want to live at home, I don't want to live in those conditions.' It's no different--no education, they don't have any money, the young man is in the same situation. It's going to be the same cycle all over again." Home Start and Teen Start both advocated education as a way out of the migrant cycle, helping youngsters succeed in Anglo schools and seeing that teenagers stayed in high school when their families moved north in the summertime.

Older brothers and sisters were often part of the home visit: in West Virginia, Visitors had to be firm when school teachers complained that children were skipping school to take part in Home Start's activities. But in most programs, there were no rules as such about brothers and sisters participating: in each case, the Visitor considered the children's ages, interests, and the needs of the focal child for parent attention. Visitors throughout Home Start assumed that the activities they demonstrated to parents would be used with younger children as they matured, and in some cases, parents were encouraged to file their activity sheets in a notebook for just this purpose. Elsewhere, Visitors prepared for their calls by giving some thought to how games and exercises could be modified for other children in the home at different stages of development. In

California, Visitors even tailored their approach for families where parents were ill or otherwise unable to participate, working directly with older brothers and sisters as if they were parents. And while staff didn't provide an educational program for school-age youngsters, they felt they could contribute to family stability by helping parents arrange for tutoring, legal assistance, counseling, clothing, and other needs of older children.

It was not unusual for staff to find parents taking more interest in their other children once they began working with one. "Parents usually start paying more attention to older children about school--about whether they go, do their homework, have problems," said a New York Visitor. In fact, parents often expressed regret at having worked so little with other children already in school. On the Navajo Reservation, increased parent concern and involvement in their children's education was an important step. Traditionally, parents had been taught to believe that education was the sole responsibility of the Bureau of Indian Affairs, which sent their youngsters off to boarding schools at age six. Staff in Navajo Home Start were proud that parents began not only seeing themselves as teachers but expressing continued interest in their children's education--wherever it took place.

## SOCIAL SERVICES STAFF

While only five programs listed among their staff a Social Service or Parent Coordinator, someone at each project was responsible for helping families secure services from the community and making sure that parent groups were functioning adequately. If no specialist was present, Home Visitors, Visitor Supervisors, Coordinators, Directors, or parents themselves took on these responsibilities. At some sites, each Visitor handled her own counseling and referrals: elsewhere, one Visitor was trained in community resources and made arrangements for all program families. Obviously, in the day-to-day operation of the program, each Visitor was called upon to intercede for families with local agencies, provide transportation, and show parents how to use a variety of resources, but Social Service Coordinators and Supervisors wearing the social-service hat officially represented their programs with service agencies. Their personal contacts with local bureaucrats enabled them to inveigle special help for families, cut red tape and waiting times, and generally smoothed the way for parents bewildered by state and federal regulations.

Perhaps not by accident, the four Home Start programs with the most active Social Service Coordinators were urban programs or were located near urban centers. Cleveland's specialist had a degree and experience in social work: while she was available to all Visitors, she worked primarily with the families of the two Visitors she supervised. Nevada's social service and parent coordination were combined in a single position shared with Head Start. This man recruited families for both programs, secured services, and supervised the preparation of a comprehensive Resource Guide to encourage families to make their own arrangements for assistance.

Gloucester is a small town on the fringes of the Boston megalopolis. The Family Services Coordinator, as he was called, took a strong stand on community advocacy: Gloucester was his home town. A professional writer in his spare time, he referred to himself as "an old socialist" although he wasn't yet 40. Peter Anastas believed in the value of publicity to effect change, and he put that conviction to good use for Home Start, helping improve the town's services in several areas. Once, in a case concerning a Home Start mother, what started as a request for an investigation of a judge's conflict of interest ended with the judge's unseating.

Alaska Home Start listed no specialist for social services but in this instance, the personal force and experience of

Coordinator Westeen Holmes was equivalent to this position. In addition, the program's Health Aide, Cindy Fields, covered three important areas: she arranged and kept track of all medical services; she visited three families (other Visitors had from 12 to 15 each); and she handled social and psychological services, calling on families in need of counseling. This latter service was crucial with a small staff like Alaska's: it allowed Visitors to do their work without becoming enmeshed in a welter of personal problems.

Houston's two Social Service Coordinators, one black, one Spanish-speaking, were an ideal combination for this program's needs. By the third year of Home Start funding, Ruthie Wyatt observed, the two Coordinators had changed their approach somewhat: "We're not making as many direct visits to the homes as we have in the past because lots of times it was just, 'Hello, how are you?' and they would say 'We don't have any problems.' We didn't need to come in twice a month just to say that." Each woman served about 30 families in the black or Mexican-American community, spending two days a week visiting homes. "The minute there's a problem, Home Visitors contact us and we take care of it, whether it's a weekly contact--there are problems where you may have to go once a week--or you may have to go several days one week until a particular problem is solved," Ruthie observed. "We try to maintain some type of contact even if it's by phone every month and we have several letter forms." (One appears as Figure 4-1). Personal contacts ranged from convincing a weary working mother that it was worth her time to attend parent meetings to helping another woman get food for her nine children (and refraining from preaching about the state of her house). Ms. Wyatt saw her work in terms of personal help and staying in touch with service agencies to promote development of new services and keep existing programs in force.

## The Advocacy Role for Home Start Staff

In the course of their work with social service agencies, Home Start staff became advocates for disadvantaged families and for improved services to meet their needs. The advocacy role generally began as staff encouraged families to use community services and insisted to parents disillusioned by previous contacts with local bureaucracies that they were entitled to be treated with respect and dignity. Home Start staff often found themselves explaining that agency employees were not unsympathetic individuals, but they were often themselves confused and overwhelmed by the rules of the hierarchies in which they worked. To agency personnel, they found themselves insisting that such confusion and the resulting resentment must not be transferred to families in need of assistance.

Some Home Start programs conducted social-service business with agencies through staff members only, simply informing parents of each step taken along the way. Other operations felt that if staff accompanied parents as they proceeded through the bureaucratic process, parents would in the future find it easier to arrange for services on their own. Said one Director, "We handle the first interaction with the agency, usually when there's an emergency, but then Home Visitors prepare families to handle all the other contacts by themselves." But no matter how vigorously staff acted as advocates for their families or for improvements in their neighborhoods, no matter how many stories they told of delay, confusion, duplication and ignorance, at every office there was one person they could go to who'd get things done. Staff everywhere were clear on this point: that the first thing to get past in dealing with an agency is its "agencyness." "We don't have much of a problem with personal relationships;" said Houston Social Service Coordinator Ruthie Wyatt, "it's more in the inoperative systems and the red tape that exists."

Figure 4-1

CAP

HARRIS COUNTY COMMUNITY ACTION ASSOCIATION

6300 BOWLING GREEN  HOUSTON, TEXAS 77021  Riverside 8-4410

HOME START PROGRAM
6300 Bowling Green St.
Houston, Texas 77021

Dear________________________________

Due to our varying schedules I have been unable to make contact with you.

I understand that you are having home visits and are enjoying them very much.

I would like to talk to you or communicate with you in some manner. Please let me know if you have an off day during the week or if there is a particular hour during the day that is better for my visits. If we cannot arrange a personal contact, please be assured that I will contact you in writing and hope that you will call me just to let me hear from you.

If you need my help in any way please feel free to call and let me know.

We are in business to help you and when you are not around or we can't hear from you then we have no business at all. Thank you for your cooperation! You may reach me at 748-4410 Ext. 61. If I am not in the office please leavc a message.

Respectfully yours,

Social Service Coordinator

Alaska's Westeen Holmes stated emphatically that one of the best short cuts in getting services to people is to know just what agencies are supposed to provide. "You have to tell them what they're supposed to do sometimes," she observed. "Sometimes you'll be talking to a person who's only been on the job for a few days, and if that person can't do what you need done, find someone else who can. The first thing to know about dealing with bureaucracies is not to be intimidated by them. When you're part of a bureaucracy, you have to follow their rules, but if you're outside, you've got a lot more freedom."

## The Family-Home Visitor Relationship

In roughly two-thirds of the 16 Home Start programs, Home Visitors handled counseling and social service matters for their families, and a word needs to be said about these Visitor-family relationships, tied up as they were with personal, often delicate, problems. Visitors had to get close to parents to establish enough trust so they could render effective service: at the same time, they had to prepare parents to solve their own problems when the program ended or when the focal child moved on to school. In some cases, the withdrawal of Visitor attention was as difficult for Visitors as for families. Each staff member had to decide when and in what ways to help families and when and how to let them go.

The job of setting the tone for the Visitor-family relationship was usually discussed in training sessions and handled on a day-to-day basis by Program Coordinators and Visitor Supervisors. Once everyone understood that the goal was self-sufficiency, that Visitors were to help families but not do things for them, the relationship became easier to attain. Some programs, as mentioned in Chapter 2, were explicit about their expectations of parents: they required a signed contract stating parental obligations. At an even earlier stage, California's Director Allana Elovson was careful to select families who had some chance to benefit from Home Start: those with pressing emotional and survival needs were referred to other agencies to be considered later, when they could take advantage of the program's child development focus.

Houston's Social Service Coordinators were also firm about the aims of their program, according to Ruthie Wyatt. She told families, "'Even our program is a self-help program. Our services are temporary, but we're helping you to get on your feet so you can help yourself.' We try to let them know that the additional services in Home Start, aside from child development information, are intended to release them so the parent can have her mind free to work with the child, to help them get things arranged at home so they can reap the educational benefits of the program."

Not everyone was a candidate for a dependent relationship, of course: some families needed one-time help with landlords, other family members, community agencies or employers. Some families never needed help either from agencies or from social-service staff. Some wanted companionship, others needed new ideas for ways to play with and teach their children. But if you offer social service assistance in your own program, you'll likely have a few families who are, according to one staffer, "victims of the system: they don't have any motivation to get out of the 'gimmie-something' cycle of thinking."

Reno's Visitor Elouise Johnson seemed to have found the ideal approach to her relationship with families. Supervisor Barbara Keith related one of her program's real success stories with a family and summed up Elouise's role: "Her relationship with all her families--it's not just this one--is very, very good. It's like a friend's kind of relationship, but business too, at the same time."

Finally, whether you have Visitors or specialists handling social services, the people you select to work with families in this area must be caring, personally secure individuals who respect parents and the confidentiality of their problems. The relationship, as reported earlier in this book, will get off the ground faster in most cases if the staff's ethnic background matches those of your families. Rapport is also easier to establish if staff have shared local customs and idioms with parents and children of the same area. In Alaska, for example, while Native Alaskan families were hospitable to all program staff, only Native Alaskan Visitors were acceptable for close relationships.

Gloucester Home Start staff, with their variety of backgrounds, offered plenty of opportunities for matching. This group included a single-parent mother with three children who had been on welfare; a Montessori teacher who graduated from a well-known Eastern women's college; a woman with a Master's degree in counseling and religious education; a bilingual woman who was part of the town's Italian-American community; a former home-products saleswoman who'd been on welfare briefly during a family crisis; and a former VISTA teacher. Each member had something special to offer: two Visitors were good at designing child development-oriented activities, another was an effective counselor, another had a flair for finding new and interesting places to visit for field trips, and a fifth was especially creative with arts and crafts projects. In this instance, families could be matched by cultural background, by location in town, or by special emotional needs.

While matching is important, Home Start staff said, even more important is the way the relationship with families is approached, and the support or guidance of other staff members.

Said one Gloucester staff member, "Home Visitors have to realize that parents don't want anybody coming into their house and telling them how to bring up their kids. Some parents are uptight about people coming in to their homes, afraid that the Home Visitor would think the houses were dirty or messy or that they themselves were unacceptable. Some were embarrassed to be on welfare. Home Visitors learned that being a person rather than a professional made it easier to establish that relationship."

## SOCIAL AND PSYCHOLOGICAL SERVICES

Every community has some combination of federal, state and local agencies, each with one or more programs. Here are Home Start's most commonly used services:

| | |
|---|---|
| For Employment and Training: | State Employment Offices, Job Training Programs, Neighborhood Youth Corps, Vocational Rehabilitation, Municipal programs, school-sponsored G.E.D. programs |
| For Benefits: | Veterans' Administration, State Welfare Offices, Federal Food Stamp Program |
| For Counseling: | Alcoholics Anonymous, State and Local Mental Health agencies/clinics, Child Welfare agencies, State Drug Rehabilitation programs |
| For Survival Needs: | Emergency Food and Clothing programs (churches, charities), Municipal and State Housing Authorities, Salvation Army, Goodwill Industries |
| For Special Needs: | National Foundations (Crippled Children, Easter Seals, United Way), Legal Aid, Head Start and Day-Care programs, Red Cross |

In addition, several programs were helped by individual merchants and by fraternal and charitable organizations.

Often, before parents could deal with outside services, Visitors had to build up their self-confidence in small ways around the home. After a string of small successes, the world didn't seem quite so intimidating. One Visitor, working with a slightly crippled mother, bathed the daughter and washed her hair but made it clear that the next week, the mother would do it herself. "She shook her head then," reported the Visitor, "but in a couple of weeks she was doing it, and being proud of it too." Success in working with children can be a springboard for other activities. Said Tennessee's Hazel Bright, "I make sure the mother understands activities that can be done during the week, and then I always brag on her for the new ideas she comes up with. One mother comes up with better ideas and does them more beautifully than I could ever do because of that encouragement."

Because transportation ate up tremendous amounts of time in every program, staff often decided self-sufficiency could start with parents getting themselves to their appointments. New York Visitors encouraged families to carpool for medical treatment instead of relying on staff: elsewhere, Home Start took groups of parents on public transportation jaunts to familiarize them with these services and suggested that groups make their arrangements together, go together on public transit, and make the occasion a social one.

Many programs compiled resource guides--lists of community agencies and their services, telephone numbers, even people to contact--to stimulate parents to help themselves. A sample of Nevada's Guide is shown in Figure 4-2.

Just as important as the Guide itself was the care Nevada staff took to take parents through the process of actually dealing with community agencies. This "walk-through" began with a call to the agency when something was needed. A staff member or the Visitor usually made the call in the presence of the parent, when possible to someone in the agency who was familiar with Home Start, and put the parent on the line to introduce him or her. The staff member next accompanied the parent to the agency and went through the process every step of the way. "This is a small success," said one Visitor, "but it makes parents feel good about themselves." It also made them more confident about the next time, if there was one. The information in the Resource Guide is careful to encourage the personal contact between families and agency people who know Home Start. The person in each listing is usually an experienced Home Start contact.

To take some of the burden off the Visitor, other programs involved different staff members. In Alaska, expanding the number of staff who visited each family was a deliberate solution introduced by the Supervisor to protect both families and Visitors. "Early in the program we had a problem with possessiveness," recalled Westeen Holmes. "Families thought the Home Visitors were 'theirs' and vice versa. So I began to stress that we had 'program' families and I expanded the number of different people who would visit. Now I don't deny that families need a close rapport with a Visitor and that that rapport can take a lot of individual attention. But we try to help families be independent and feel they can relate to lots of people, not just the Home Visitor. In addition to the regular Home Visitor, I visit them periodically, the Health Aide does to help keep records of health services, and another Home Visitor or other staff member may accompany the regular Visitor to observe how she does."

Susie Bradley, West Virginia's Director, continually stressed the need for Visitors to help families make do for themselves. "What are these families going to do when we're gone, if

Figure 4-2

## NEVADA HOME START RESOURCE GUIDE

Supportive Services Guide:

### SECTION IV. HEALTH CARE

F. Agency: Nevada Mental Health Center
Location: 560 Mill Street, Reno
Phone: 784-6425
Contact: Mr. Keiffer, Director
Services: No fee, psychological services for persons over the age of 6. First come, first served. Child and Adolescent Center run at Nevada State Hospital for seriously disturbed. Diagnostic referral for services they don't provide.

G. Agency: Nevada Mental Health Institute
Location: 480 Galetti Way
Phone: 784-6341
Contact: Dr. Victor Lo Cicero, Superintendent, Jerry Goff, Director of Social Services, Jack Middleton, Head of Program for Mentally retarded.
Services: Out paitients and in-patient treatment or testing through doctors, referrals for emotionally or mentally disturbed, disabled or handicapped.

H. Agency: Nevada State Dental Clinic
Location: 560 Mill Street, Reno
Phone: 784-6477
Contact: Dr. James D. Weedin, Clinic Supervisor
Dr. Hunter, Hygienist and Field Dentist
Services:
1. Complete care and flouride treatments
2. Services provided in rural counties wherever there is a dentist on a contracted basis.
3. Education programs for teachers and students and instruction for children and parents attending the clinic.

Eligibility: Dental care limited to low income children up to 14 years of age and those under other special programs such as Crippled Children's Services, Special Children's Clinic, Title XIX and Heart Clinic.

I. Agency: Nevada State Rehabilitation Division (also see pages 4 & 10)
Location: 1050 Matley Lane
Phone: 784-6491
Contact: Richard Schneckloth, Counselor

## SECTION V. HOUSING (EMERGENCY)

A. **Agency:** Catholic Welfare (also see page 1 & 6)
**Location:** 275 E. Fourth St., Reno
**Phone:** 322-7073
**Contact:** Amanda Ting
**Services:** One night's lodging for single women and families
**Eligibility:** Single women or families in need

B. **Agency:** Community Welfare, Inc., (also see page 6)
**Location:** 275 E. Fourth St., Reno
**Phone:** 323-5855
**Contact:** Dorothy Drew
**Services:** One night's lodging if available
**Eligibility:** Family with identification (transient)

C. **Agency:** Gospel Mission (1) (also see page 6)
**Location:** 145 W. Third St., Reno
**Phone:** 323-0386
**Contact:** Jim Hickey
**Services:** (1) Single men who do not mind sharing a room with 4-5 other men or $12 per week

D. **Agency:** Gospel Mission (2) (also see page 6)
**Location:** 1640 S. Arlington Ave., Reno
**Phone:** 323-0386
**Contact:** Jim Hickey
**Services:** Emergency lodging and meals for one night for women and children.

E. **Agency:** Red Cross
**Location:** 805 S. Virginia St., Reno
**Phone:** 322-3416
**Contact:** Mr. Eugene Nelson, Executive Director or Thelma Carroll
**Services:** Will help enlisted servicemen find housing. In cases of disaster will put up families for one night.

F. **Agency:** Salvation Army (also see page 6)
**Location:** 180 W. Fifth St., & 835 E. Second St., Reno
**Phone:** 322-6927
**Contact:** Major Fred E. Hodge
**Services:** Two night's lodging every 30 days
**Eligibility:** Any single male in need. Sign up for lodging starting at 7:00 P.M.

OTHER RESOURCES:

Information & Referral Service of Washoe County (page 17) we've done everything for them while they're in the program? Knowing when and how to say 'no' to a parent who thinks she can't manage is sometimes as hard for specialists as for Visitors. A Houston Social Services Coordinator illustrated the problem: "I have one parent who calls me regularly to say, 'I need this and I need that.' She's looking for me to do all these things for them, even though she says 'I know what my problems are and I know what I need to do,' but she just won't go on and do it. It's just that fear of moving out on her own. So when she calls I just ask how she's doing and has she taken care of those food stamps yet. Sometimes I don't visit so regularly either. I'm trying to get her to make that move to where she doesn't become so dependent on me even for her emotional needs." This staff member knows what she's doing: she's been on welfare, she has three children with special problems, and she doesn't consider herself a professional counselor. It's difficult to argue with her experience. She continued, "I know what I had to do to learn to help myself. I really preach Help Yourself. A lot of people who are on welfare don't want to be--they could get off if they had the motivation. I say, 'I'm no different than you--it's just how we deal with things that's different. I'm not telling you how to do this because it might not work that way with you.' Most people, see, already know what they need to do.

It's a tricky question, how much help is enough? When do you stop helping and start supporting? Suppose a family that's left the program still calls for assistance: is there time to help them and still be fair to the families who've just enrolled and have more critical needs? Said one Visitor with considerable counseling experience, "It's time to ship out when a family decides that you're part of the family, that you're going to be there forever, that you"re a fixture." She's right, although the clues and the means of "shipping out" are subtler than her statement indicates. They also vary from family to family.

Families did keep in touch with Home Start after they left the program (or "graduated" as some programs put it). When calls are for specific help, said Kansas Director Laura Daniel, "it's okay to give a family information about how to get to an agency, but you shouldn't assume responsibility for that family's problems any more." In Houston, Director Ella Guidry became the contact for graduated families, not the Visitor. "Otherwise," she stated, "Home Visitors would probably get sucked into doing more for families than was necessary." Besides, Ella felt, "maintaining some contact with families is good, if they aren't expecting a lot of help."

Most Directors and Visitors agreed with Ella. In smaller rural communities, families and Visitors tended to bump into each other at the store or in church. Conversations were friendly, and some mothers and Visitors developed personal friendships and continued to see each other socially. Many families who called in simply wanted to say they were doing fine and tell about happy events in their own lives. California parents tended to call to see whether they could help the program in some way. Elsewhere, calls for assistance were often matters of translation difficulty for families of Spanish and other non-English backgrounds. Mostly, Visitors reported, families on leaving Home Start became involved in other groups, developed new interests, and made new friends. Staff feel some of them gained the confidence to forge ahead in the outside world as a result of their Home Start experience.

Said Alaska's Westeen Holmes, "I have seen that progress is possible and that it is possible in a relatively short time. Parents really can help themselves if someone can come up with a basic pattern about how to develop a plan for it. If it works here in the midst of all the other givens we have in Alaska--the isolation, the cold weather, the high prices, the alcoholism, the you-name-it--if it works here, it should really work in other places."

One aspect of Home Start's social and psychological services, then, was building parent confidence and making it possible for families to find and use the services they needed from their communities. A second thrust of the program was parent participation in Home Start--by means of parent groups--and opportunities for children to socialize in their own gatherings. We call this the "social Home Start."

## PARENT GROUPS

Like Head Start, Home Start provided a mechanism for parent monitoring and contributions to local programs in the form of Parent Policy Councils at each site. Council members were elected by parent groups consisting of all the families served by one Home Visitor, or by families located in a "cluster" or pocket area. Parent groups were important tools in encouraging self-sufficiency for families, since they represented for some women the only chance to meet and see other mothers. In Home Start, stories abound about women with no self-confidence who began attending parent meetings, found they could contribute, were elected to the Parent Policy Council, and became real forces in their own communities. We'll look first at parent meetings and then at the work of the Councils.

Although parent groups were mandated from the start and were usually organized soon after local programs began operating, it was generally a year or so before they became self-directing, going concerns. Parent participation started slowly and varied widely from region to region, in part because many people don't consider themselves "joiners," others were too busy with work or their own lives, others were simply tired after a full day--in short, for a variety of human reasons. Some programs, too, were better at interesting parents, and others were fortunate in having movers-and-shakers who naturally drew people to them. By the end of the third year of Home Start funding, however, all programs had fairly active parent groups engaged in a variety of projects.

A prime requisite for successful parent participation, according to Directors who achieved this goal, is parent determination of what the group will pursue and how. Staff should be facilitators, at least at the beginning, but little more. Said Tennessee Director Frank Skinnell, "The Home Visitors helped organize the first one or two meetings, deciding on a program, getting parents together, finding a place to meet, arranging transportation, conducting business, electing leaders, seeing that there's something simple to eat and drink; then, really, the policy is to stand back and let parents get interested in those things they really want to do with each other." Another Director was rather concerned about parent plans: "When one of our parent groups wanted to have a tea-leaf reading party, I was a little apprehensive, just because it seemed like the kind of evening where anything could happen," she reported. "Boy friends were going to be there, it was going to be held in a tea room, and well--I just didn't know. They insisted, they really planned, and it was a big success."

Parent participation is a gradual process, according to Kansas Director Laura Daniel, whose program had seven parent groups. Parents began by making a few decisions about things that really mattered to them. As they grew more confident, they became more vocal. Frank Skinnell's program used these devices to get parents started. "Visitors began with a couple of different types of activities in each location--a class on health and immunizations, sometimes a discussion about common county problems. Then we started a newsletter that was sent to all parents which reported the different activities in each group. We helped draw up lists of suggested activities. We just didn't leave them dangling," he recalled. This program, with its mobile van, also encouraged parents to share transportation responsibilities in getting children to the van's stopping place.

Tennessee's van also gave mothers a chance to help the program as teacher aides and often broke the ice for program participation. Getting women to volunteer, particularly if they're unused to venturing out of their homes, can be frustrating, but Visitors considered this experience so important that they insisted on it as they did on little else. "Sometimes they just need a little push," said Visitor Hazel Bright. "In that case, after I've asked and suggested, I don't give them a yes or no, I just make it a fact. I say, 'Doreen, you've said you might do it for a long time, now this is the week and I want you there and that's it.' I didn't know if she was going to do it, but she did and it was a real turning point. She stopped swearing so much and she was much more willing to come to meetings. Her whole attitude changed, and it started just by working once in that van."

When parent meetings are held determines who can attend and, in some instances, what activities are undertaken. In Home Start, most workshop sessions were held in the day-time, frequently in the morning when other children were in school and the issues of babysitters and children's groups could be avoided. Workshop topics included toy-making, child development, adult education, sewing and quilting, food preparation and many others. In West Virginia, where families were scattered throughout nine counties, parent meetings were usually all-day affairs, with families from each county meeting in community centers, church basements, wherever space could be commandeered. Locations were rotated each month to equalize travel time for everyone. Mornings were devoted to program business, news of the county, logistical plans for group medical appointments, arrangements for other group outings, budget considerations, and so on. Afternoons were set aside for fun--croquet, badminton, ball games, excursions to the library or the airport, "Everyone in the family who's available is there," said a Visitor. "Men here just aren't as outgoing as the women; they don't put out quite as much effort," said another. Winter meetings emphasizing cognitive skills for children were not well attended by men, but in spring, when outdoor activities were possible, attendance was nearly 100 percent in some counties. In summertime, older children were also involved, and projects included fund-raising events such as food and rummage sales.

Alaska's parent groups were very much parent-directed. Held in the evening once a month, these meetings were called "rap sessions": staff attended only if invited or asked to make a specific contribution, although they often did something with children during the meeting. Visitors helped with transportation, but essentially parents were responsible for figuring out how people would get to the session and what topics they'd address. Some fathers came, but not many were regulars. In addition to political concerns discussed later in this chapter, Alaska parents opted for a course in Parent Effectiveness Training (a course offered by several Home Start programs at some period) and gave real support to members who wanted to earn their G.E.D's. "They're a very independent group," said Westeen Holmes. "They decided at one informal evaluation session that the health materials we were using were too complicated. They asked us to modify them, to use some different language and explain things in other ways. We did it right away." Changing nutrition habits is difficult, Westeen admitted, but parents tackled this by including a potluck supper in the evening's schedule: it gave them a chance to show off new recipes and include new foods, and this was a real indicator of changing nutrition habits.

Elsewhere, parent groups decided to learn new skills, brush up on old ones, or continue their education. The latter proved impossible for most parents in Arkansas who would have had to drive a 160-mile round trip twice weekly. In Alabama, where parents were luckier, Home Start's sponsoring agency offered many G.E.D. and skill-building classes. North

Carolina's sponsor also helped Home Start parents: the countywide economic development agency provided membership in a credit union (with free life insurance); an Appalachian craft cooperative with markets outside the region; garden assistance; Head Start child development training; and similar useful projects.

When Gloucester parents expressed interest in getting their G.E.D.s, staff helped them get scholarships from local agencies to defray costs. In Nevada and North Carolina, parents were given the opportunity to work as aides in Head Start classrooms where they could learn about child development and program management first-hand. After training, some were hired by Head Start and others decided to return to school.

While parent meetings often resulted in increased earning power, better understanding of child development, even improved living conditions for parents and their families, no such results were envisioned by mothers and fathers when they began attending. No one could be assured at the outset that she would overcome her shyness, begin to express her own ideas, or make the effort to attend when she would rather have stayed home. Once parents were involved, attendance was rarely a problem, but getting parents out in the first place did take time. Kansas Home Start offered a sweetener in the form of a budget for each of its seven parent groups to use as it pleased. For activities, each group was given $250 to spend on field trips, parties (a dinner/theatre evening was organized) and special projects ($20 apiece to women to make clothing for a community fashion show). For career development expenses--enrollment fees, books, transportation, special training courses--each group received $150 a year.

Throughout Home Start, staff members helped parent groups learn about community services and how to deal with agencies. Arizona's Head Start Parent Coordinator devoted time to the organization of Home Start parent groups, as did Alaska's Head Start staff. Alaska Home Start also put out a newsletter for Head Start and Home Start parents to keep them informed of each program's activities. Like Tennessee's newsletter, it contained suggestions for parent projects.

To allow parents to enjoy their time with other adults, several programs arranged to look after children during parent group meetings. In West Virginia, where meetings were day-long affairs, older children of Home Start families took care of the younger ones with help from Home Start staff. In other programs, staff planned specific activities for youngsters: Mothers didn't need additional *parenting* activities," said a Massachusetts staffer. Arkansas staff provided child-care and free play during parent sessions, but asked that parents attend meetings when children were cared for.

## Parents as Policy-Makers

Parent groups were formed in Home Start not only to give parents opportunities for socialization but also to elect parent representatives for each program's Parent Policy Council, an advisory or policy-making board, depending on each program's makeup. Two types of Councils were found in Home Start: the all-Home Start board, and joint operations composed of Head Start and Home Start parents. In the former case, parents, if they wished, were able to exercise direct control over their own programs: in the latter joint configuration, they often served to educate other programs and community members about education in the home.

As a rule, the most powerful Councils in Home Start were those with truly local representation. In Kansas, for example, the Council was composed of two parents from each Visitor's "cluster"--14 in all--and seven community representatives, each from a Visitor's area. In this case, parent groups met just before Council meetings were scheduled so parents could address upcoming Council business and give their reactions. All parents were given copies of Council minutes, which dealt only with Home Start business--annual program and staff evaluation, expenditures for parent group activities, staff hiring, and policies governing home visits and group sessions. West Virginia's set-up was similar, except that representatives from Visitor clusters spoke for their whole counties. It was a large group--two parents (a rep and county chairperson) for each county and six community-people-at-large. This body decided how long home visits should be, drew up rules for use of program equipment by Visitors and families, decided which doctors and dentists would be patronized by the program, and determined how program funds should be used and additional monies raised.

A second, more common Council model was the joint Council, in which Home Start parents shared membership with Head Start parents and other community or agency people. In these situations, Home Start business shared the agenda with the affairs of two or three other organizations, and the day-to-day operation of Home Start programs was usually left to staff or smaller parent groups. In Arkansas, Home Start parents had only half as many representatives on the joint Council as Head Start parents because there were fewer Home Start parents than Head Start parents. Each of the eight Council members from Home Start represented the group of parents visited by one of the eight Home Visitors. Most of this Council's business concerned Head Start, but due to the Home Start representation and the fact that Visitors worked closely with Head Start operations in their areas, Arkansas staff said that Head Start learned from Home Start how to achieve real parent involvement. Director JoAnn Braddy pointed out that the Home Start program demonstrated how much parents can be involved in program decisions; how much parents can be involved as teachers at home; how much a Head Start center committee can do; and how much help is available to centers from community resources. Like many other programs involved in large joint Councils, Arkansas' Home Start representatives fulfilled an important public relations role in this decision-making body.

California Home Start incorporated both these roles because it had two Councils. The Home Start Parent Policy Council membership varied between 15 and 20 parents representing the program's multi-ethnic community. This group made decisions about program-wide projects and policies, and because of families' differing customs and languages, communication was very important here. In addition, Home Start sent two representatives to the 43-member, county-wide Head Start Parent Policy Council. Although Council business was primarily concerned with Head Start matters, Home Start parents were able to lobby for the home-based idea.

Developing a strong Parent Council isn't easy: in fact, Directors in Ohio, New York and Alaska recommended that new programs offer policy-making training to their parents. In New York, this training was conducted by consultants and parents involved in Home Start's forerunner, and consisted of a session on group process, parliamentary procedure, the art of listening, and a local Head Start Policy Council. In Alaska, training was sometimes done by Head Start parents with experience in Policy Council operation. Cleveland used former program parents, those who'd "graduated" from Home Start, to train Council members and tell newly enrolled parents what to expect from home visits and other activities. Said Director Dell Graham, "There's no substitute for an experienced parent saying to a new one, 'Look, I know you feel a little funny, but here's how I felt when the Visitor first came to my house, and this is what I learned!'"

Most Home Start programs discovered that strong, effective Councils couldn't happen unless parents were able to make important decisions about their program--decisions about the budget, staff, general operating procedures, and so on. Limits to the Council's power, if there will be some, should be clearly spelled out from the beginning. Councils of new programs like Home Start rarely start out with real power and usually don't know how much they have until they test it against some other group or agency. Although such Councils may initially attract individuals who want to test their power rather than people interested in long-term responsibility for decision-making, staff interference can be seen as hand-slapping or result in apathy. Cooler heads generally prevail, and many Home Start Councils were able to take reasoned, political action for the betterment of their programs.

Did the group experience in Home Start stimulate changes in parents? Absolutely, said West Virginia Coordinator Susie Bradley. "More parents go to PTA, they're more verbal and independent, they've formed their own car pools rather than rely on Home Visitors, many have joined the emergency ambulance service," she pointed out. "They're now willing to talk and ask questions of health people, doctors, and specialists they go to with their children. They ask questions or demand--usually in a nice way--what they are due from social and welfare services. What more could you ask as evidence?"

## Parents as Advocates

Although most parent groups and Policy Councils were concerned primarily with program-centered issues and providing a means for social meetings, many parents found themselves discussing community affairs and agreeing that some institutions needed changing, whether those institutions were local services, the schools, government programs, or other forces that touched their lives. For the first time in their lives, many parents found they weren't alone in their needs and their sense of helplessness; as they grew more confident of their abilities to address their problems, they began to take on issues that affected their neighborhoods in concrete, often decisive, ways. The same dynamic is often present in Head Start and other community-based programs.

The construction of the trans-Alaska pipeline has meant serious disruption for that state's citizens, and this has been particularly true in Fairbanks. The project sent the area's normally high cost of living to sky-high levels and placed a serious strain on living facilities as families of pipeline workers and people intent on providing new and better services flooded into the region. Alcoholism, prostitution and family disintegration have also soared. Concerned Home Start parents joined special pipeline-impact groups organized by other politically-conscious people to try to cope with the service interruptions, lack of goods, fluctuating job market, and other problems facing the city. Parents also formed a cooperative food-buying group to reduce the bite of inflation; investigated housing loans; and started a project to help each other winterize and improve their homes.

Mexican-American or Chicano families in the Weslaco, Texas area found their experiences in Home Start prepared them to tackle community problems. It began with the staff (all women),some of whom were in the fields working with their own families during the summer months when Home Start was shut down. Dressed conservatively and speaking quietly but persistently, these women in their day-to-day counseling helped parents work for better living conditions and more equitable treatment from agencies in the lower Rio Grande Valley. Often it wasn't agencies that stood in their way but local attitudes. One private physician snarled that if "those people" couldn't get to his clinic before it closed at 5 p.m. (thereby losing precious work time in the fields) they could go to hell.

Health care for Mexican-American families in this region has been a recurrent problem. "The clinics are jammed," said Coordinator Estela Aguilar, "but there is nothing we can do. There are just so many people that we have to wait to get our people in." Staff could not stand by and watch families suffer. They developed a questionnaire and encouraged parents to describe the all-day waits and staff unwillingness to explain health care that made getting these services so trying. It was an important point, because many migrant families, misunderstood, hurt, or humiliated by harried health workers, would not return for desparately needed treatment. After the questionnaire was presented to local clinic personnel, services did improve. Although waits were still long, clinics tried to use the time by providing games and activities for children and health education films and demonstrations for adults.

The Texas Migrant Council's Home Start program, as mentioned earlier, produced a spin-off called Teen Start that counseled teenagers and helped them remain behind in summers to stay in school while their families followed the crops. When a former Home Start child had trouble in a public school (not unusual for migrant children, whose real-life experiences on the road are not always understood or appreciated by elementary school teachers), the head of the Parent Policy Council visited the school superintendent and smoothed things over. Although the problem had been solved for the moment, parents realized they would have to organize themselves to gain representation on the school board.

Arkansas staff from the beginning were conscious of the importance of political contacts in establishing centers, arranging services, hiring staff, and keeping in touch with county affairs. The Policy Council for Head Start/Home Start included judges, health department personnel, and staff from the local social rehabilitation agency. Some parent groups, according to Director JoAnn Braddy, have learned the value of asking a local or county legislator to talk to their groups: parents learn what's going on, and they learn how to express themselves effectively. They also learn, according to JoAnn, "Don't write a letter--go talk to him. One of the greatest things Home Start can do for people is to get them to the point where they can communicate with the school principal."

Parent influence in this part of Arkansas can make a difference in the way county funds are spent, staff insist. Legislators will be more representative of all the people when poor people talk to them as well as affluent ones. Changes may seem small, but they're meaningful to those who've engineered them. One group of parents was successful in getting the school bus re-routed to pick up their children. "We've seen that other people regard our families differently, not just because we're there but because parents have begun to speak up too," stated a staff member.

Houston Home Start families were scattered on the fringes of the city, in service-poor areas characterized by unpaved streets that become all but impassable in spring, by open drainage ditches, and by family water supplies delivered by the city to rusty barrels outdoors. Parents got together in their groups and discussed the situation and then they went to city officials to complain. As a result, one neighborhood's ditches were deepened to reduce flooding. In another area, the privately owned water company charged different customers unequal rates and any small repair to water lines meant a complete shutdown of everyone's service. Home Start parents cultivated a contact on the local water resources board. The result? Not only were rate and maintenance issues cleared up, but the overall quality of the water company's service improved. Not all of Houston's political change was accomplished by parent groups: Social Service Coordinators whose job it was to help parents improve their living conditions also pitched in, but their strategy was to work with parents, not do the work for them.

Home Start's Houston families were predominantly Spanish-speaking and black, and the two groups often preferred to pursue different activities in their meetings. Since each group had Visitors of the same cultural background, staff generally respected parent wishes in these matters. One evening, Spanish-speaking parents hosted a Mexican dinner and invited Director Ella Guidry. Ella enjoyed the meal and she and the parents enjoyed each other, but to their mutual frustration, they could barely communicate: Ella couldn't speak Spanish and they couldn't speak English. Shortly thereafter, several mothers decided to enroll in neighborhood language classes and work for their G.E.D.s. They also arranged with their Visitors to have more center-based activities for children to help them learn English. As it turned out, parents attended too, for the same reason.

On the Navajo Reservation, parents through Home Start became concerned about their children's education. When Home Start funding expired, parents met in one area and decided to pursue funding for a Head Start program from the New Mexico Department of Early Childhood. Parent Coordinator Eugene Guerito saw this move with mixed feelings: disappointment that families did not want to continue with a home-based program, but pride in parent independence and group action. In the eastern part of the Reservation, in Arizona, parents applied to their tribal council but were not successful in getting funds for a center.

## CHILDREN'S GROUPS

The need for social experiences was as true for children in Home Start as for parents. As Head Start and other childcare programs found in the early 1970s, many children, particularly those in isolated rural settings, may not be talking by the age of four and may have no experience with children their own age outside the family circle. These children are often withdrawn and at a severe disadvantage when they begin school, unable to relate to either adults or their peers. So while children did not have as many chances to socialize in Home Start as they do in Head Start, the program did try to provide group experiences whenever possible. According to an education specialist in Arkansas, however, it was important to build up a child's confidence in the home setting first: "I began to appreciate Home Start because it does not force the child to compete with peers. It's good to help the child first identify what his individual strengths are; then he'll be a lot better equipped when he does have to compete with other kids outside his family."

In programs without scheduled group meetings for children, youngsters still had ample opportunity to see other children during neighborhood or "cluster" meetings with Visitors, on field trips or program-wide outings such as cook-outs, and in the course of regular activities--going to the doctor's office or the library or even on shopping trips when families carpooled.

Children's groups, according to a West Virginia Visitor, are important for parents as well as their offspring. "We want kids to become less shy, a little less 'backward' with strangers," she said. "We want parents to have a chance to observe why kindergarten is important for kids as a group experience, and for parents to understand how kids behave in groups." Alaska's Coordinator had additional goals for children's sessions. Said Westeen Holmes, "Not only do we want kids to get along with each other when they're in a group, we want them to learn how to help with materials, with setting up snacks, and with deciding where they'll go on their field trips."

During Alaska's winter, which comes early, stays late, and brings temperatures as low as -70° in Fairbanks, whole families suffer from cabin fever--restlessness, boredom and depression--because they're shut away in small homes (small to conserve heating fuel, and claustrophobic because windows are covered with insulation, aluminum sheeting or plastic to keep out the cold). A weekly visit from an outsider was welcome indeed, as were monthly classroom sessions for children. Three days each month, a Head Start classroom in Fairbanks was set aside for Home Start children who attended for three-hour sessions according to parent and transportation schedules. Youngsters were ferried in Visitor or parent cars or by the Head Start bus. By 2 or 2:30 in the afternoon in January it's often relatively dark--daylight only lasts for five hours a day in Fairbanks' mid-winter--but that's when the session began, and no one seemed to mind or notice. "First there's outdoor play, or active play inside if it's very cold," said Visitor Linda Big Joe, "then we have a little snack, some artwork or crafts like pasting, cutting things out. We have songs and games, and we discuss shapes and colors while we do artwork and try to help children with fine motor coordination." Both the Visitors who conducted group sessions had Head Start experience as part of their in-service training. On occasion, the senior Head Start teacher helped out: she also scheduled the year's center activities for Home Start children.

The Alaska Children's groups averaged about 14 children per session, and parents often volunteered as aides, a real benefit for children, staff felt, because their isolation often made them afraid of unfamiliar adults. And even though they spent relatively little time there one day every two months, the classroom felt like their own because they'd played there and helped prepare their own materials and snacks.

Houston's Spanish-speaking children needed group experiences because they feared the Anglo world and clung to their mothers. Said Ella Guidry, program Director, "One Home Visitor finally asked a mother to stay home for one group meeting so her child could get used to being without her. Now everybody's happy. The child still likes to come to meetings and the mother can go shopping alone if she wants." In Houston, Visitors agreed with parent requests to help children become bilingual: games and stories during center sessions were conducted in Spanish and English and sometimes both. Often, there were enough staff and parents on hand to divide the group up for small-group exercises during the twice-monthly two-hour sessions. The only problem, said Ella, was that center meetings were sometimes overcrowded since friends and relatives of enrolled families came as "volunteers" and brought their own children along.

Other programs, like Arkansas Home Start, left the planning of children's group activities entirely up to individual Home Visitors. In this set-up, four of the program's seven Visitors established learning centers for their monthly classroom sessions in Head Start centers, church basements, and the like. These small spaces included learning areas for science, music, art, dramatic play, and toys that encouraged large and small motor development. Other Arkansas Visitors routinely rounded up children for free-play periods supervised by parents as well as staff.

Although West Virginia children played with each other part of the day while their parents were meeting, during the afternoon when social activities were scheduled, children joined their families for games and trips. Staff found that a full day with other children is often too much for youngsters and that dealing with other adults is beneficial too.

Opportunities to participate in children's groups varied greatly from program to program; yet across programs, parents and staff took time to emphasize that the "social" Home Start was important to children, as well as to parents.

# CHAPTER 5

# MANAGEMENT ISSUES

## What's in This Chapter

- Management and Supervision
- Pre- and In-Service Training
- Evaluation and Long-Range Planning

## MANAGEMENT AND SUPERVISION

Programs relying heavily on training their own Home Visitors clearly need to provide effective supervision if employees in the field are going to do their jobs well and--more importantly--feel they're doing their jobs well. How administrators supply this support is often as much a function of individual style as of a management system. Several Home Start programs took far longer than others before staffs began to pull together, shared concerns, and gained confidence that they were doing their jobs properly; while in each case factors other than supervision were also involved, problems were usually solved with the introduction of a system of on-the-job supervision. Even when they were doing their jobs well, Visitors and other staff members needed confirmation of this fact, assurance that the strategies they were using with individual families were well-directed and in keeping with Home Start's overall goals or policies.

Management styles were very closely related to the personalities and philosophies of the people handling these jobs, the Directors, Coordinators, and Supervisors who gave day-to-day direction to specialists and Visitors. Alaska Coordinator Westeen Holmes, for example, drew a sharp distinction between management and manipulation. "Management," she said, "is helping people identify where they want to go next, then helping them move themselves there. Manipulating is moving people to the next step you've identified, whether or not that's where they want to go." Tennessee's Director, Frank Skinnell, saw himself as a facilitator:

"In this business," he observed, "you have to accomplish what you want to get done through other people, namely Home Visitors, so you have to make sure they can do it. You can be of most use to the people you work with by helping them to grow in the responsibilities they can handle--if you make sure they become less dependent on you. A good administrator really ought to work himself out of a job after a while."

In California's Home Start program, the Director's philosophy was one of teaching her staff everything she knew about program management and operation so everyone would know each aspect of the program and thus be more effective. Dr. Allana Elovson called this "participatory management" and explained it this way: "The most essential aspect of it is that everybody knows about everything that's required to run the program, all the processes and every last aspect of what we do. Of course, it takes a real commitment to develop management skills in other people. You have to give them the opportunity and actually require them to think about what they'd do if they were in my position." Staff at Massachusetts Home Start learned through a series of communications workshops how to be open with each other and how important group support can be. Said Director Betty Stressenger, "Those staff meetings were a place where we could get nourished and cared about, a place where we could come together and get some concrete suggestions for everyone and go back to our jobs and try out something new. We really built up mutual trust."

## Management/Supervision Staff

A variety of factors, including personal philosophies, size and location of the program, its relation with Head Start or another sponsor, and individual program goals influenced the way each Home Start program delegated supervision responsibilities. Some Directors preferred to handle supervision themselves, but others created specific slots for the purpose, often giving the Supervisor a dual role, say in curriculum development, if neither position required a full-time commitment. Here are four typical Home Start supervisory patterns:

Director-as-Supervisor: California Director Allana Elovson handled all management and supervision herself since the program's only other non-visiting staff were a secretary and a Social Services Coordinator who acted as a resource person rather than a manager. Not surprisingly, Dr. Elovson exerted considerable influence on the shape and flavor of San Diego Home Start. Although several other Home Start programs centered management and supervision responsibility in one staff position, this individual was not necessarily the Director. In a few instances, Directors dealt mainly with external concerns--public relations and liaison with a program's sponsoring agency, for example--and appointed a Deputy Director, Coordinator or Program Supervisor to handle internal, day-to-day affairs such as ongoing staff supervision.

Separate Management and Supervisory Staff: West Virginia Home Start's size and geographical configuration made this program's solution--a Director and a Field Services Coordinator--a practical necessity. With fifteen Home Visitors covering a sprawling nine-county area, Director Susie Bradley found that accompanying Visitors for on-the-spot supervision was close to impossible and kept her on the road more or less continuously. In the fall of 1974, she hired former Visitor Bernice Andrews to take over her supervisory duties. Susie and Health Coordinator Dorothy Morrison still accompanied Visitors periodically, but Bernice assumed the major responsibility for field supervision and spent more than half her time on it. In addition, she helped Visitors plan the educational content of their lessons, using her direct observations to suggest areas needing emphasis.

Arizona's Home Start had a similar problem with the size of its service area. Families were located in two far-flung regions on the Navajo Reservation and cultural differences as well as sheer physical distance separated the two groups. Moreover, the program's offices were located in Fort Defiance, midway between the two target areas. Initially, the program's Coordinator spent alternate weeks in each region, but this proved insufficient and a Field Supervisor was appointed for each group. These Supervisors spent two or three days a week in the field, observing Visitor techniques and pitching in when special problems arose. In Tennessee, Supervisor Desmond Tarter was responsible primarily for overseeing Visitors and for organizing a document clarifying staff roles and program objectives. In this program, however, a staff member from Home Start's sister program, the Title III effort, supervised the teachers who operated Home Start's van.

The Home Start/Head Start Model: As with most other aspects of its program, Arkansas's management and supervision responsibilities were integrated with those of Head Start. Head Start/Home Start Director JoAnn Braddy spent less than half her time on Home Start but Assistant Director Linda Reasoner (who also split her time between the two programs) was available to Home Visitors. In addition, the program employed two Home Visitor Supervisors, each working with three or four visiting staff in the field when they weren't functioning as part-time Head Start Center Directors. These Supervisors accompanied Visitors into homes and to group meetings two days a week, ran centers two days a week, and spent Fridays in joint staff training sessions.

The Shared-Responsibility System: Although Alaska Coordinator Westeen Holmes was clearly the dynamic force in her program, she tried to find ways to allow staff to share duties and thus grow as a result of their Home Start experience. Her solution was to assemble a team of staff members--herself, Head Start's Head Teacher, Home Start's Health Aide, and Home Start's Administrative Assistant or a Visitor--and have the team accompany a Visitor on her rounds once or twice a year. The team's observations were discussed at weekly staff training sessions, and as in the case of California's "participatory management", various staff members learned to appreciate and understand each other's problems and successes. In a somewhat similar way, the Texas Migrant Council's Home Start program selected one Visitor to help the Coordinator supervise in the field. This Visitor also had partial responsibility for developing the program's curriculum and, as a result of these additional duties, served fewer families than other Visitors.

## Supervision Styles

There are four primary reasons for on-the-spot supervision of home visiting and they were succinctly defined by Arkansas Visitor Supervisor Winona Vaughan:

- checking to make sure visits are actually taking place;
- observing the Visitor/family relationship and Visitor effectiveness;
- making sure the program's four components (education, health, nutrition, social services) are being covered adequately;
- giving Visitors praise and assistance.

Obviously, Supervisors in every Home Start program observed Visitors at work in the home, monitoring teaching methods, parent involvement, materials, and presentation, and then discussing their observations with the Visitors afterwards. Some Supervisors went along for only one visit and others preferred to stay with the same staff member for a full morning or afternoon.

Each Supervisor had her own approach to this task, some unobtrusive and others more directive. Hannah McCarthy of New York, for instance, spoke up when she had something to say. "In order to put the parent at ease, it's important to try to be part of the visit instead of being silent. I pretend we're all here together having a normal home visit," she explained. Betty Stressenger of Massachusetts combined her supervision duties with special needs by accompanying Visitors on their calls to families with a difficult child or a reluctant parent. Betty and her Visitor discussed the problem beforehand and then told the parent at the beginning of the visit what Betty would be looking for.

Frequently, Supervisors saved their comments until staff meetings where other Visitors could benefit from their observations as well. Said Director Esther Cunningham of North Carolina, "Both the Home Visitor and the family are in a high-pressure situation when I'm along on a home visit, so I concentrate on giving the Visitor support and praise. Later on, I might make a group observation at a staff meeting about something I noticed on the home visit, but even then I don't single out particular Home Visitors." Staff in most Home Start programs met individually or in a group with their Supervisors at least once a week for this feedback, discussing particular families' progress and problems as well as their own reactions to their jobs. Supervisors often supplemented their on-site observations with the records Visitors kept of their work to make sure individual family needs were being addressed.

How much time is necessary to supervise each Visitor? How should this time be divided between in-home observation and conferences in the office? Home Start found considerable variance in time allocation. The average amount of time per month spent on supervising Visitors was 11 hours per Visitor, with more than half of that time (six and a half hours) actually spent in homes. Looking at both ends of the spectrum, Visitors in different programs received as much as 31 hours of attention a month and as little as three apiece. The figures vary so dramatically because a number of other factors were involved at each site. A major factor was the number of staff available to perform field supervision, as you'll see from the Kansas set-up detailed below.

In Wichita, Home Start's entire administrative staff consisted of Director Laura Daniel, with help from a secretary who shared central office space. As a consequence, although Laura was the only person available to handle field supervision, at the same time she found it difficult to get away from the office. Laura therefore relied heavily on "armchair supervision," spending the equivalent of two days a week reading Visitors' reports and discussing families with them. Ms. Daniel only got to observe her Visitors in action once or twice a year. She commented, "I really felt the lack of in-field monitoring. By the time I caught something like a parent's growing dependency it was often too late. If I could do it over, I'd make a full-time Supervisor a first priority." In contrast, Arkansas had seven staff members who did at least some supervision, giving each Visitor this attention for about 28 hours a month, the equivalent of three and a half days in thirty. Besides the program's

Director, Assistant Director, and the two Visitor Supervisors, various specialists--in health, nutrition, speech, and language--regularly accompanied Visitors to advise and contribute their expertise. Compared with Kansas's program, these administrators spent relatively little time with Visitors in the office at Dardanelle, a long drive for staff scattered in five counties.

Central-office supervision was largely a matter of geography. Binghamton, New York, is a fairly small, compact city, and Visitors worked within the city limits. As a result, all six Visitors were able to spend an hour and a half each morning in the office where Deputy Director Hannah McCarthy set aside two days a week for individual conferences. North Carolina Home Start, set among the rugged Great Smoky Mountains of the southern Appalachians, had its offices in the town of Franklin, but Visitors were located in small communities some distance away over rugged terrain. Director Esther Cunningham made a special effort to talk with Visitors from outlying areas on Fridays, when they attended staff or training sessions in the office. Keeping track of Visitors stationed right in Franklin, population 3,000, was no problem at all. Said Esther, "Everyone here in Franklin knows each other and everyone knows the gold and white Home Start Blazers. They call me if those Blazers are parked in front of a Visitor's home during working hours. I even got a call once from someone wanting to know why all four Blazers were following each other down the street. Well, it was just that they were taking the kids to the doctor's, but we learned to be even more careful after that."

Cleveland Home Start found that having Visitors scattered, both in terms of where they worked and who supervised them, created problems. Although there was a central office, Visitors seldom met there, working out of their neighborhoods instead. A team of three Coordinators, each with responsibility for a few Visitors, seemed to isolate Visitors even more. Said Director Dell Graham, "It would have been a lot better if we'd had one Supervisor who could provide some staff unity. Maybe then we could have overcome the lack of one central building where staff could meet daily."

Averaging out the hours Visitors received supervision doesn't give an entirely accurate picture, either. Supervision varied with the time of year and with the needs of individual staff members. Arkansas Supervisor Winona Vaughan recommended field supervision once a week for new Visitors and two days a month for veterans. The Texas Migrant Council's program allowed new Visitors to accompany experienced ones so they could observe styles of operation and good strategies for the first home visit. Fall was commonly the time when supervision was heaviest because new families were entering programs at this time and Supervisors wanted to become familiar with individuals and their needs. Tennessee's Supervisor, Desmond Tarter, visited all new families within the first month after enrollment, and during the first two months in the fall of 1974 he visited 90 new and returning families. Some Visitors needed more reassurance than others, too. Observed Kansas Director Laura Daniel, "I spend more time with some of my Home Visitors because they need more reinforcement. It's not that they need to be watched more closely, just that they need to share more with me."

## Alaska: A Management Case Study

"The ideal program," said Alaska Coordinator Westeen Holmes, "would be that I would kind of stand in the shadows and only be utilized when needed. The office is always open (and I refer to myself as the office), but I would rather have people think of this as a resource they can pull from but don't necessarily need." To achieve this goal, Westeen's strategy was to involve herself personally with staff to help them do their jobs as well as possible. While the program had an Executive Director to oversee Head Start and Home Start, Westeen, with her Home Economics degree and military experience, provided a focus for her staff and was in fact the moving force behind Alaska Home Start. Her philosophy, which guided all her relations with her staff, was to bring people to the point where they could supervise themselves.

Progress toward independence began the moment new staff came on board in Alaska. For new personnel, Westeen saw her contribution as a combination of support, instruction, clarification of roles, and training/technical assistance in what, when, and how the new staff member was to perform her tasks. Recent arrivals also had to go through an unlearning process, Westeen felt, to drop preconceptions and begin to assume the Visitor persona. "If we have a new person who hasn't gone through that process, they stand out like a sore thumb--the kinds of questions they ask, the fact that they throw up a lot of roadblocks and evade issues, and a lot of them are selfish." For the unlearning process, Westeen used role-playing and worked at sensitizing staff to non-verbal signals, emphasizing the reading of facial expressions and the importance of eye contact.

Ms. Holmes also spent considerable time talking one-to-one with new staff members and would not let them begin home visits if she felt they'd have trouble with difficult situations (slurs on their ethnic backgrounds, for example). Health Aide Cindy Fields recalled her initial experience with Fairbanks Home Start: "I applied one year for a job and Westeen told me I wasn't ready and I should come back the next year, which I did. I don't think Westeen would ever put a person on a job if she didn't think they were prepared for it." As staff gained experience, Westeen turned to providing support, reiterating basic policies, and providing new information and insights. Her supervision function was taken over in part by other staff who, working in teams as described earlier, accompanied Visitors on their calls. Each of a Visitor's 15 families was observed twice a year, with each team member filling out the Home Visitor Observation form reproduced in Figure 5-1. Using this information and her own perceptions, Westeen negotiated a time limit for staff to learn additional skills or accept specific responsibilities. Said Westeen, "All along you tell them, 'I'm doing this now, but next week I expect you to be doing it or to give me a good reason why you can't' or 'Why don't you tell me when you think you'll be able to do it by yourself?'"

Another device illustrative of Westeen's personal approach was the Job Evaluation Questionnaire each staff member filled out annually. The questionnaire (Figure 5-2) solicited each person's reaction to her job, her goals, and the way Alaska Home Start was being run, and formed the basis for candid discussions with Westeen about performance and suggestions for improvement, both for individuals and for the program as a whole.

Alaska visiting staff got together weekly for half a day of training and once a month to care for children during parent meetings. A few days each month were also set aside for Visitors to stay in the office and catch up on paperwork, an innovation that resulted in much better record-keeping. As they worked together, Alaska staff developed a cohesiveness that reflected Westeen's influence but didn't depend on Westeen herself. Cindy Fields remembered a staff meeting when Ms. Holmes wasn't present and Cindy asked her colleagues for help with a family's problems. Said Cindy, "Four other people told me, 'But Cindy, there is another approach....' In that meeting, we trained ourselves. But we wouldn't have been able to if that level of rapport, interest, and care wasn't maintained in the office. We have an unwritten code that we're supportive toward each other. It's a group effort, from Westeen and from ourselves."

## Record-Keeping Systems

Dull as they seem in the abstract, good records are essential to good program management and supervision, and Home Start programs with well-organized information systems were usually those that were able to attend to more important work with families with a minimum of fuss. When Nevada Supervisor Barbara Keith came on board, Reno's program had no organized approach to supervision. People simply did their own thing and reports on progress were haphazard at best. Barbara's solution was to institute a completely new information system based on Home Contact Forms and overall charts to summarize Home Contact information (see Figures 5-3 and 5-4). Each Monday, Contact forms from the previous week were summarized on a monthly contact chart, and eventually on a quarterly chart presented in graph form for each Visitor's work. Summary charts were kept on the wall where Ms. Keith and everyone else could check progress. Commented Barbara, "First of all, a

Figure 5-1

## ALASKA HOME START

## HOME VISITOR OBSERVATION FORM

NAME OF FAMILY ______________________________

NAME OF CHILD ______________________________

AGE ________

☐ Indian
☐ Eskimo
☐ Black
☐ Caucasian
☐ Oriental
☐ Other.

(1) Parent's response to Home Visitor upon arrival:

☐ Smile ☐ Surprised ☐ Verbal welcome
☐ Puzzled ☐ Other (Specify): ______________________

(2) Child's response to Home Visitor upon arrival:

☐ Smile ☐ Surprised ☐ Verbal welcome
☐ Puzzled ☐ Other (Specify): ______________________

(3) Activities: Was there a story read? ☐ Yes ☐ No
Who read it? ☐ Parent ☐ Home Visitor ☐ Other
Was there an art activity? ☐ Yes ☐ No
Who led it? ☐ Parent ☐ Home Visitor ☐ Other

(a) Parent's interaction with Home Visitor -- how long? ____ minutes
(b) Parent's interaction with child(ren) -- how long? ____ minutes
(c) Home Visitor's interaction with parent -- how long? ____ minutes
(d) Home Visitor's interaction with child(ren) -- ____ minutes
(e) Child's interaction with peers -- how long? ____ minutes
(f) Child's interaction with materials -- how long? ____ minutes

Were materials brought in by Home Visitor? ☐ Yes ☐ No
Were they provided by family? ☐ Yes ☐ No
☐ Home made
☐ Purchased

(4) How were the components presented to parents?*

* Health: (a) Read to parent ☐
(b) Given to parent to read ☐
(c) Read with parent ☐

Was there any discussion? ☐ Yes ☐ No
If yes, who led it? ☐ Parent ☐ Home Visitor
How much time was spent on this component? ____ minutes
How did parent react to component? ☐ Favorable , ☐ Interested
☐ Unfavorable ☐ Uninterested

Comments ______________________________________________
______________________________________________

* Nutrition:

(a) Read to parent ( )
(b) Given to parent to read ( )
(c) Read with parent ( )

Was there any discussion? ( ) Yes ( ) No
If yes, who led it? ( ) Parent ( ) Home Visitor
How much time was spent on this component? ____ minutes
How did parent react to component? ( ) Favorable ( ) Interested
( ) Unfavorable ( ) Uninterested

Comments ______________________________________________
______________________________________________

* Education:

(a) Read to parent ( )
(b) Given to parent to read ( )
(c) Read with parent ( )

Was there any discussion? ( ) Yes ( ) No
If yes, who led it? ( ) Parent ( ) Home Visitor
How much time was spent on this component? _____ minutes
How did parent react to component? ( ) Favorable ( ) Interested
( ) Unfavorable ( ) Uninterested

Comments ______________________________________________
______________________________________________

* Psychological - Social:

How much time was spent on Psychological - Social? _____ minutes

(a) Announcements of meetings, workshops, social gatherings _____ min.
(b) Talking about family's personal problems _____ minutes
(c) Discussion with family on local resources _____ minutes

Was there a Home Assignment left by Home Visitor? ( ) Yes ( ) No
If yes, what was it? ______________________________________________

(5) How many others were present other than Home Visitor? ( ) Parent
( ) Focal Child
( ) Other __________

(6) How long did the entire Home Visit last? ____ minutes

(7) How many times did the child interrupt the parent and Home Visitor? ____

How did the mother deal with these interruptions? ____________________
______________________________________________
______________________________________________

Did Home Visitor provide parent with any alternate methods/techniques for dealing with such interruptions? ______________________

______________________________________________

______________________________________________

Tone of visit:

Was the parent attentive? (  )  Unattentive? (  )

Were there any visible children's books: (  )  educational toys? (  ) in the household?

Observer's Comments ______________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

OBSERVER'S NAME ____________________  DATE __________

TIME CODE: 1 - 5 minutes, 21 - 25 minutes, etc.

Figure 5-2

## GREATER FAIRBANKS HEAD START ASSOCIATION

## JOB EVALUATION QUESTIONNAIRE

**Purpose:**

The purpose of this form is to discover staff members' feelings about their jobs, their goals, and their relationships with their co-workers.

The information which you give on this form will:

(1) help you think deeply about your goals, your actual duties, your relationships with your co-workers, and the problems you might have;

(2) help the Director recognize the problems that might exist so that solutions can be worked out;

(3) help formulate job descriptions based on what you actually do and on what you want to do;

(4) help to establish or alter lines of authority and supervision based on your feelings and observations rather than on some idealized "organization chart";

(5) help to provide a basis for discussion concerning the inter-locking of our jobs and duties; and to help us understand what our co-workers expect of us.

Please try to answer the question as you see it. Do not hesitate to point out problems where they exist. Record facts as they actually are -- not as you think the Director thinks they are.

# GREATER FAIRBANKS HEAD START ASSOCIATION

## JOB EVALUATION QUESTIONNAIRE

To be completed by each staff member.

### PART I: You and Your Job

(1) What do you see as the major goals of your work in the Head Start program? What things do you want to accomplish in your work? (Try to list them in order of importance as you see it.)

(2) Specifically, what things do you feel you ideally should be doing to accomplish these goals?

(3) Specifically, what things do you actually find yourself doing in your job? (Star those things which you wish you didn't have to do.)

(4) What things do you feel you should be doing that you are not doing now? (Specify, if you can, what factors are preventing you from doing them; e.g., lack of time, lack of equipment, lack of proper help or supervision, lack of training or confidence in this area, too pooped, etc.)

(5) What parts of your job do you feel most comfortable doing?

(6) What parts of your job do you feel you do particularly well?

PART II: You and Those You Work With

(7) What people in the program do you see as being supervisory over you?

(8) What things do you feel your supervisor should be doing in her job?

(9) Would you welcome more or less help from your supervisor?

In what specific areas?

(10) What people in the program do you see as being subordinate to you?

(11) What things do you feel your subordinate(s) should be doing in her job?

(12) In what specific areas do you feel your subordinate(s) should be giving you more -- or less -- assistance?

(13) What do you think should be done to help you do a better job or to be more satisfied with your work?

(14) Other comments, remarks, observations or gripes about the program?

NAME ______________________________ DATE ____________

Figure 5-3

## NEVADA HOME CONTACT FORM

IMMEDIATE ATTENTION SUP./SPEC. ______________

CHILD ______________________ DATE ______________________

PARENT ______________________ TIME: FROM ________ TO ____________

STAFF ______________________

| | |
|---|---|
| ( ) Scheduled Visit Completed | ( ) Not Completed |
| ( ) Business/Social Visit Completed | ( ) Not Completed |
| ( ) Staff Phone Contact to Parent | ( ) Reverse |
| ( ) Transportation Provided | ( ) Change of Status (Attach Form) |
| ( ) Others | |

Brief Outline of Scheduled Home Visit Plan:

Outcome of Above Checked Box(es), Observations, Parent Reactions on all Presented Material (except educational):

Explanation of Follow-Up in Crisis Situation (to be filled in by staff with assistance of supervisor, specialist and/or delegated aides):

Referrals, Which Agency follow-up on Previous Referrals:

NEVADA VISITORS MONTHLY CONTACT CHART

Week of

| Susan Taylor | Jan. 7 | 14 | 21 | 28 |
|---|---|---|---|---|
| BURNS, Thomas | SVC ⑨<br>(11-12:15) | SVC ⑯<br>(10:15-12:10) | STP ㉓<br>SVC ㉓<br>(11-12:10)<br>PTS ㉓ | STP ㉚<br>SVC ㉚<br>(10-11:40)<br>TP ㉚ |
| DEALE, Stephen | BVC ⑩<br>(10:30-10:45) | SVC ⑰<br>(10:45-12) | SVC ㉔<br>(10:40-12)<br>TP ㉕ | SVC ㉛<br>(10:40-12) |
| HIGH, Ray | SVC ⑨<br>(1-2:30)<br>TP ⑨ | SVNC ⑯ | SVC ㉓<br>(12:30-1)<br>BVC ㉓ | SVC ㉚<br>(1-3)<br>TP FT > ㉚ |
| FRANK, Lane | SVC ⑧<br>(2:30-3:30) | SVNC ⑯<br>BVC ⑯ | BVC ㉓<br>(3-3:30)<br>TP ㉓ | PTS ㉗<br>PTS ㉚<br>SVC ㉛<br>(9-10)<br>TP FT ㉚ |
| BURT, Glen, Shannon, Sheryl | SVC ⑩<br>(1-2:30) | SVC ⑰<br>(1:15-2:45) | SVC ㉔<br>(1:15-2:30) | SVC ㉛<br>(1:25-2:15) |
| GOGGIN, Simmone | SVC ⑧<br>(2:45-4:00) | SVC ⑮<br>(2:30-4) | SVC ㉒<br>(2:45-3:55)<br>TP ㉕ | SVC ㉙<br>(2:30-3:40) |
| WHITE, Michelle | SVC ⑨<br>(9:30-10:45) | SVC ⑯<br>(9:30-10:45) | SVC ㉓<br>(9:30-11) | STP ㉚<br>SVC ㉚<br>(8:45-11:30)<br>FT TP > ㉚ |

SVC - scheduled visit completed
SVNC - scheduled visit not completed
BVC - business/social visit completed
BVNC - business/social visit not completed

TP - transportation provided
STP - staff to parent phone contact
PTS - parent to staff phone contact
FT - field trips

Figure 5-4

Figure 5-5

______ % Health
______ % Nutrition
______ % Psych/Soc
______ % Education

Cleveland

**HOME VISIT REPORT**

DATE OF VISIT ______

Home Visitor ______ Time ______ to ______

Name (of target age child) ______

Parents Names ______

1. Materials taken: ______

______

2. Materials left in home: ______

______

3. Objectives/plans for this visit:

______ ______

______ ______

4. People present during visit (ages of children): ______

______

5. Factors affecting accomplishment of the plans/objectives: ______

______

6. Progress made: ______

______

______

7. Problems identified: ______

______

______

8. Solutions to problems planned ______

______

______

9. Activities for Parent and Child during week ______

______

10. Objectives for next visit: ______

______

certain amount of healthy competion is promoted among Visitors, and I can make a quick check of progress." Not visible in this sample is the program's color-coded system of dots, with colors to indicate completion of child physical exams, dental screening, handicapped status, and so on. Cleveland's Home Visit Report (Figure 5-5) helped remind staff to share potential problems with their supervisor.

Because she could rarely get into the field to monitor her staff, Kansas Director Laura Daniel relied heavily on her information system. Laura adopted Nevada's chart system and introduced two reporting devices, the Daily Log and Weekly Visit Report shown in Figures 5-6 and 5-7. To be sure Visitors were covering all bases, Ms. Daniel scrutinized each form and cross-checked the information. "This system isn't foolproof," Laura observed, "but I have another check as well. If a Home Visitor hasn't been terribly conscientious about making her visits, often I'll have a family call me and ask 'Where's our Home Visitor?'" Record systems don't have to be complicated to be good. Almost all Home Start programs used some kind of weekly schedule form indicating when visits were to be made and a home visit report form to detail what occurred during each visit. The very act of filling out a form for each family helped Visitors consider family needs, but seeing that staff filled out these forms concisely and accurately often took prodding or a few hours of training.

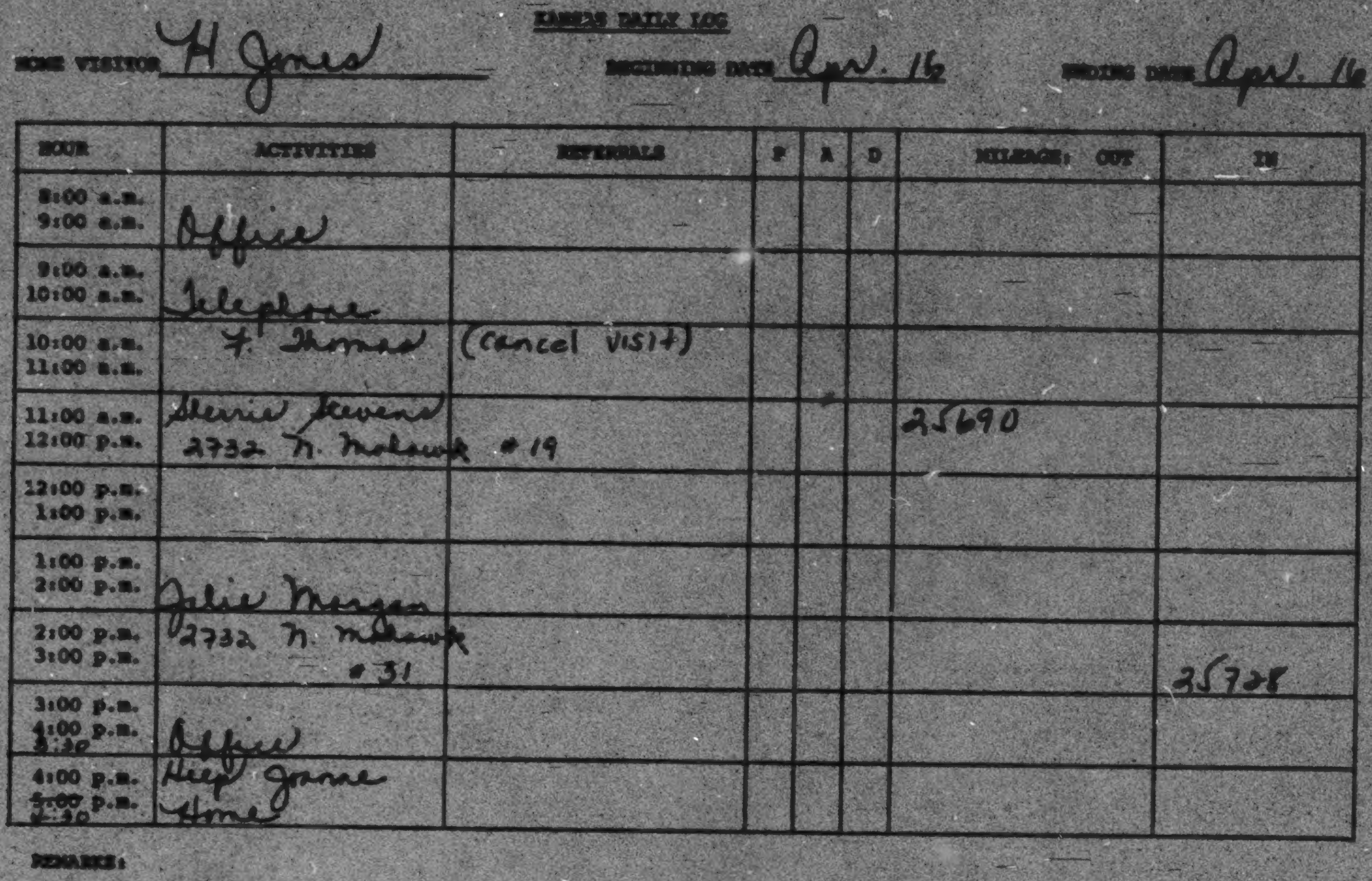
Supervision also proved easier when staff knew precisely what they were expected to do and to whom they were responsible. Laura Daniel defined staff roles and program policies as soon as she took over her program and felt this kind of structural definition helped everyone feel more secure. She commented, "Without written policies it's very difficult to supervise anyone because they can always come back and say, 'Where does it say that?' Once something's down in writing that says, this is why you are to do it and this is how you are to do it and this is who you are accountable to, it's much easier for staff to accept those kinds of decisions." Tennessee developed a similar set-up in the form of a booklet of objectives for health, education, staff, and parent involvement. Each objective had a specified task, a target number or percent of families to be served, and a target date or other proof of completion, as you can see in the following example:

> OBJECTIVE 13: the supervisor will visit each new family in the Home Start program by December 31, 1974. The supervisor will also visit a 20% randomly selected sample of parents who have been involved in the program during the prior program year. This objective will be completed when the visits have been made and a written report of the visits placed in the supervisor's files.

Aside from the needs assessment outlined in Chapter 2, several programs developed additional ways of keeping track of family needs and progress. Nevada's Home Visit Observation form, part of which is reproduced in Figure 5-8, solicits information on parent and child reactions to the Visitor and her topics. In New York's program, Deputy Director Hannah McCarthy required Visitors to keep detailed logs of every home visit, logs which she spent a full day each week reading and commenting on. Hannah also spot-checked lesson plans against the needs assessment compiled for each family on enrollment. Two mornings each week were devoted to conferences with individual Visitors about specific families.

## Staff Evaluation Systems

Several Home Start programs provided formal mechanisms for staff evaluation by Supervisors to be used at least once a year. The Alaska Staff Evaluation form allowed Visitors to feel they were making progress even though they hadn't reached optimum performance. Westeen Holmes also required staff members to discuss their evaluations with her and sign the form if they agreed with her assessment. Ms. Holmes found the form valuable, too, for pre-service training, to show new staff the criteria they would need to fulfill.



KANSAS DAILY LOG

HOME VISITOR H Jones BEGINNING DATE Apr. 16 ENDING DATE Apr. 16

| HOUR | ACTIVITIES | REFERRALS | F | A | D | MILEAGE: OUT | IN |
|---|---|---|---|---|---|---|---|
| 8:00 a.m.<br>9:00 a.m. | Office | | | | | | |
| 9:00 a.m.<br>10:00 a.m. | Telephone | | | | | | |
| 10:00 a.m.<br>11:00 a.m. | F. Thomas | (cancel visit) | | | | | |
| 11:00 a.m.<br>12:00 p.m. | Stevie Stevens<br>2732 N. Mohawk #19 | | | | | 25690 | |
| 12:00 p.m.<br>1:00 p.m. | | | | | | | |
| 1:00 p.m.<br>2:00 p.m. | Julie Morgan | | | | | | |
| 2:00 p.m.<br>3:00 p.m. | 2732 N. Mohawk<br>#31 | | | | | | 25728 |
| 3:00 p.m.<br>4:00 p.m.<br>3:30 | Office | | | | | | |
| 4:00 p.m.<br>~~5:00~~ p.m.<br>4:30 | Help Joanne<br>Home | | | | | | |

REMARKS:

Figure 5-6

Figure 5-7

## KANSAS WEEKLY REPORT OF VISITS

HOME START VISITOR Harriet Jones DATE 4-16-75

NAME OF FAMILY Stevens CHILD'S NAME Sherrie

TIME SPENT 11 00 am - 12 30 pm

GENERAL APPEARANCE, ENVIRONMENT, AND PHYSICAL CONDITION: (Parent and Child)

Good, environment clean and neat
No obvious physical problems

OBSERVABLE BEHAVIOR, ATTITUDE, SOCIAL AND EMOTIONAL: (Parent and Child)

Sherrie likes to spend time repeating conversation from her parents about Julie S & continually "butt-in" because Mrs. S does not try to stop her.

PHYSICAL HEALTH:

Sherrie has been doing some exercise in "Play to Grow" booklet. She has her Dad involved which is good.

DENTAL HEALTH:

No activity

MENTAL HEALTH: Gave Mrs. S. a leaflet "65 ways to compliment your child." She compares her two children feeling Sherrie does better than Scott and she's verbal about it.

SAFETY:

No activity

NUTRITION: Mrs. S is going to start a high protein diet. I suggested that she use her Basic 4 chart to be sure she was making the right choices.

EDUCATION, MOTOR SKILL, AND ATTENTION SPAN: More alphabet recognition H I J K - Sherrie did quite well. No growth in plants we did last week. Encouraged Sherrie to expose to more sunlight. We made a flower garden with construction paper.

SOCIAL SERVICES:
No referrals.

PARENT INVOLVEMENT: Good parent involvement with group activities. Encouraged to do more learning activities with children

VISITORS REMARKS:
I have a good rapport with this family.

DIRECTORS REMARKS:

# NEVADA HOME VISIT OBSERVATION FORM

Visitor's Name ____________________ Family's Name ____________________

Home Visit Observation Form Length of Visit From ______ To ______ Date ______

| | | NO | YES |
|---|---|---|---|
| Initial Reaction of Parent to Visitor: | Smiling and Friendly | | |
| | Non-Committal | | |
| | Hostile | | |
| Initial Reaction of Child to Visitor: | Smiling and Friendly | | |
| | Non-Committal | | |
| | Hostile (Cried, hid) | | |
| Did Parent Appear Prepared for the Visit? | | | |
| Did the Visitor begin the visit (presentation) within a reasonable time? | | | |
| If NO, was the delay justified, Comment: | | | |

Was the Home Contact Form present?

Number of people involved in the visit:

Mother______ Father______ Children______ Relative______ Other______

| | NO | YES |
|---|---|---|
| Were there many interruptions by child? | | |
| Did Visitor offer positive techniques to handle interruptions? | | |
| NUTRITION COMPONENT: | | |
| Was the Nutrition Component omitted? If so, why? | | |
| Was the Nutrition Goal stated by the Visitor? | | |
| Was Nutrition material presented to the Parent? | | |
| Was the discussion presented in a meaningful way? | | |
| Did the parent enter into discussion in a meaningful way? | | |
| Did the Parent make a comment on how useful/relevant the nutrition discussion and material was? | | |

Figure 5-8

(Nutrition, continued)

| | NO | YES |
|---|---|---|
| Did the Visitor record on the Home Contact Form? | | |
| Was the Parent responsive? | | |
| Was the Nutrition component handled properly? | | |
| Approximately how much time was spent on Nutrition? | | |
| Comments: | | |
| | | |
| **PARENT INVOLVEMENT:** | | |
| Did the Visitor clearly inform the Parent about each meeting? | | |
| Did the Visitor explain the purpose of each meeting? | | |
| Did the Visitor encourage attendance? | | |
| Did the Visitor handle the transportation properly? | | |
| Did the Visitor record on the Home Contact Form? | | |
| Was the Parent responsive? | | |
| Approximately how much time was spent on Parent Involvement? | | |
| Comments: | | |
| | | |
| GENERAL COMMENTS: | | |
| | | |
| Well-Presented: | | |
| | | |
| Needs Improvement: | | |
| | | |

New York Home Start also used an evaluation form for Visitors (Figure 5-9). Completed by Deputy Director Hannah McCarthy, the Home Visitor Evaluation Form was then discussed with the staff member. What's interesting about this form is that it was developed by the Career Development Subcommittee of the program's Parent Policy Council. Hannah and Binghamton's Executive Director, Lou Conn, felt it was an effective tool because each criterion is explicitly described.

Informal techniques for evaluating staff were used everywhere, in staff meetings, training sessions, and during the give-and-take of daily operation. Said Tennessee's Frank Skinnell, "I try to tell people promptly and plainly when they goof--any good administrator would do this. But what's harder is when people do a good job--you have to be just as prompt in recognizing that." Early in Massachusetts' operation, the program hired a psychiatric social worker to conduct biweekly communications workshops for staff members. As a result of this experience, staff became more capable of dealing openly with each other and formed a close working alliance. Said Director Betty Stressenger, "Home Start set me on a different route in relating to staff--much more open, more willing to let people know what's going on with me and what's bothering me.... My job is not to trail around after the Home Visitors: I know they're reliable and trustworthy. But I want to give them support in major issues in their lives at home or at work."

Kansas Director Laura Daniel believed in the effectiveness of praise. "Often after the home visit, we talk about whether the Home Visitor and I saw and heard the same thing, but what she needs from me most at that point is reinforcement and praise," Laura observed. Since she couldn't accompany Visitors as often as she wished, Ms. Daniel hired consultant psychologists to watch Visitor techniques and advise them about their more difficult family situations throughout the year. This strategy was particularly effective. Said Laura, "It was one of the best things we ever did."

## California: A Management Case Study

"I place a very strong emphasis on demystifying management and decision-making," asserted Dr. Allana Elovson of San Diego Home Start. "The most essential aspect of it is that everybody knows about everything that's required to run the program. Sure it takes time, but it's really worthwhile. Then I can leave and say, 'If such and such happens, this is the story.'" Dr. Elovson's participatory-management philosophy led her to share her testing and research skills with her staff by teaching them how to devise tests and code them. "Tests are not magical, special things that are thought up by somebody, they're just a goofy collection of questions that look good at a certain time, and you can make them up as well as anyone else," she told her staff.

In the process of learning about planning and structuring a program, San Diego Home Start staff gained a variety of skills not usually associated with paraprofessional status. Allana also felt they gained the confidence to speak up with suggestions and that they used their time more effectively. "Now they know they can do things they always had the potential to do; they just didn't recognize it before," Allana stated. Home Visitor Eva Aquinaldo, who worked in a cannery before joining this program, agreed: "I have more self-confidence and feel competent in working with other people. I have the incentive to go back to school and teach elementary school like I did in the Philippines before I came here." Visitor Lucy Cullison planned to go back to school and study physical therapy for children, aiming eventually for physical therapy work with low-income families. California's Social Service Coordinator, Mary Jo Rudolf, echoed this confidence: "I feel much more capable in supervising other people and doing administrative work like dealing with budgets and other fiscal matters. And this is in addition to what I've learned about teaching and counseling. It's clarified my thinking and will be to my advantage in graduate school or future work."

Shared management also benefits administrators, according to Allana. "Things like our recording and assessment tools would never have turned out as well if I'd done them myself. *They're* the ones that are out in the homes, so it doesn't make sense for me to rely

Figure 5-9

## NEW YORK HOME VISITOR EVALUATION FORM

STAFF MEMBER'S NAME ______________________ DATES COVERING __________

POSITION ______________________

EVALUATOR ______________________ EVALUATOR'S POSITION __________

---

KEY: 1 Marginal
2 Good
3 Excellent

---

### I. PERSONAL QUALIFICATIONS

___ A. Appearance (Neat and well groomed)

___ B. Adaptability (Adjusts to new or changing situations)

___ C. Dependability (Consistently accomplishes desired actions with minimum supervision)

___ D. Enthusiasm (Motivates others by keen interest and personal enthusiasm)

___ D. Expression (Clear and concise, both oral and written)

___ F. Creative ability (Exhibits originality of ideas and actions and can use this ability to stimulate and motivate others)

___ G. Initiative (Takes necessary and proper action on his own)

___ H. Integrity (Honest in association with others)

___ I. Judgement (Thinks logically and makes practical decisions)

___ J. Stamina (Performs successfully under stress)

___ K. Tact (Says or does what is appropriate without giving unnecessary offense)

___ L. Understanding (Sensitivity to needs and viewpoints of others)

___ M. Humor--Exhibits goods sense of humor when appropriate to create a relaxed atmosphere (Can laugh at self)

## II. HOME VISITOR - CLIENT RELATIONSHIP

**REMARKS**

___ A. Fairness (Adheres to the principle that rights and rules apply equally to all, Flexible only to advantage of family.)

___ B. Mutual respect (Shows interest in all family members as persons)

___ C. Plans cooperatively (Plans as much work as possible with family--including the focal child)

___ D. Communication (Able to adjust level of communication to level of situation and persons at hand)

___ E. Outside work hours availability (Will, when appropriate, meet with families to assist and work with a particular situation)

___ F. Response to family's ideas (Gives careful consideration to comments and ideas voiced by all family members)

___ G. Flexibility (Willing to make changes in approach or methods to meet individual needs as applicable to program guidelines)

___ H. Encourages independence (Actively pursues self-help policy with parents. Discourages family over-dependence on H.V., yet remains willing to be helpful)

___ I. Group interaction (Able to guide a group discussion without over-directing it. Can stimulate discussion and interaction between group participants)

___ J. Planning for Group Meetings (Makes every effort to plan meetings with participants. Seeks out personnel programs and materials to meet expressed interests of the group)

___ K. Helps parents understand Child Development Concepts.

III. PROFESSIONAL RESPONSIBILITIES **REMARKS**

___ A. Displays professional knowledge of responsibilities and accepts such responsibilities for actions.

___ B. Cooperates--Works with all personnel as a team.

___ C. Shows interest in self-improvement (Seeks further knowledge and understanding in the various component areas of her responsibility. Makes use of courses of study, conferences and literature)

___ D. Exhibits a responsibility to the Home Start Program (Discusses in-house problems "in-house"; understands responsibilities of other personnel and is supportive thereof. Belongs to related professional organizations)

___ E. Manages resources efficiently and economically.

___

___ ___

Staff member's signature Evaluator's signature

___

Comments of staff member being evaluated:

on my imagination for what parents might say or do." Getting staff to contribute meant going out of her way to acknowledge their contributions by saying, "That thing you suggested that time? Well, I went down and looked into it and it looks like we can do it. Thanks for the idea."

Allana and Mary Jo worked in more traditional roles to keep track of families and their needs. They emphasized goal-setting, and the Quarterly Family Component Status Report (Figure 5-10) was used to keep track of services rendered. Individual supervisory sessions about once a month for each Visitor were discussions of goals for each family and the Visitor's strategy for achieving these goals. Supervision in this set-up was seen as "constant reiteration of focus" for staff. Like Laura Daniel in Kansas, Dr. Elovson was unable to spend as much time supervising in the home as she wished, despite her feeling that real contact with families could only be established in this setting.

San Diego staff gathered together on Mondays for training and on Friday afternoons for staff meetings. It was in one of these Friday sessions that Allana's management style clearly showed through. As Home Start demonstration funding was coming to a close, the program's staff began helping their local Head Start system integrate home-based activities. In a brainstorming meeting, everyone thrashed out a workable program and tried to anticipate Head Start's questions, formulating answers and role-playing scenarios. Said Mary Jo, "We were all in on it. We drew up letters together. We hammered out the wording not only in answer to questions we expected but in memos we sent out." Each Visitor went to a different Head Start center to meet with staff and explain the home-based concept. When they returned, they charted their findings on who was most cooperative and on specific Head Start responses. Said Allana, "That was really one of the best things my staff and I have done together. I didn't know what was going on in the Head Start centers, so I had to rely on Mary Jo and the Home Visitors for that. And I was doing with Visitors what I hope they're doing with parents--modeling how to deal with problems. It's really good for them and for me."

## STAFF TRAINING

Pre-service and in-service training, in Home Start as in other child or family development programs, had different focuses but were both concerned with teaching and upgrading staff skills. Pre-service training brought staff together for the first time as a group and provided, in addition to skills and procedural information, a common viewpoint to unify the program and get individuals working together as a team. In-service training was a logical extension of the work begun in pre-service sessions: skills and techniques were taught in an ongoing educational process, but staff also used these meetings to acquaint themselves with upcoming curriculum and explore strategies for dealing with specific family problems. Here's a look at both types of training as Home Start programs approached them.

### Pre-Service Training

In Home Start, most people involved in pre-service training knew they had jobs and were simply concerned about doing their jobs effectively. In North Carolina, however, no one was assured of a position during training: hiring was done on the basis of performance in training sessions offered twice a year for any interested members of the community. The training, using a child development approach, covered both Head Start and Home Start and the relationship between the two programs. New staff first learned some basics about working with children individually and in groups, picking up skills in areas such as art, music, physical development and health. They worked in Head Start centers, first as trainees and later as volunteers. The three-week course also featured classes with local doctors, dentists, and people from service agencies who could provide technical information about child-care needs. These resource people were also valuable contacts for staff within the local professional hierachy who could occasionally be called on to help cut red tape or locate specialized services. After they finished the course, participants were eligible for jobs in

DATE ENROLLED ____________

REPORT No. ________ Date ______

# SAN DIEGO HOME START
## QUARTERLY
## FAMILY COMPONENT STATUS REPORT

HOME VISITOR ______

FAMILY'S NAME ____________________________

| COMPONENT | MOTHER | FATHER | FOCAL CHILD | OTHER FAMILY MEMBERS RECEIVING SERVICES Names and Ages | GOALS FOR NEXT QUARTER |
|---|---|---|---|---|---|
| HEALTH MEDICAL: General Condition | | | | | |
| HOME HEALTH PRACTICES | | | | | |
| COVERAGE | | | | | |
| DENTAL: General Condition | | | | | |
| COVERAGE | | | | | |
| NUTRITIONAL | | | | | |
| PSYCHOLOGICAL Family Relation | | | | | |
| UTILIZATION OF SOCIAL SERVICES | | | | | |

**HOME SAFETY*** PLEASE COMMENT ON TOYS, PRESENCE AND STORAGE OF DANGEROUS DRUGS AND SUBSTANCES, AND PHYSICAL CONDITION OF HOME.

**EDUCATION:**

**PARENTS AS EDUCATORS** * PLEASE COMMENT ON ATTITUDE TOWARD IMPORTANCE OF EARLY LEARNING, FREQUENCY OF CONTACT AND EXCHANGE, PARENT LANGUAGE STYLE, AND FREQUENCY OF OUTSIDE STIMULATION AND EXPERIENCES.

Figure 5-10

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either Head Start or Home Start as they became available--often as much as a year or two later. With this general foundation, staff chosen for Home Start were ready to develop the more complicated skills required for working with families, not the least of which would be listening, understanding different attitudes, and dealing with specific problems. A one-week mini-course was used in North Carolina for newly-hired Home Visitors once the program was underway and included actual visits with families. As you can see from the general training and mini-course outlines in Figure 5-11, staff in this program were not expected to learn content and form at the same time: Visitors first learned substance and then the means of transferring their knowledge to families in their homes.

Head Start and Home Start pre-service training were also combined in Arkansas, where new staff combined work in a center with child development reading, general educational skills, visits to community services, and discussions with Head Start and Home Start staff and specialists. An outline of this four-week program is included in Figure 5-12. Although actual home visits were not originally part of Arkansas' pre-service training, new Visitors accompanied the Visitor they were replacing to make the transition with families smoother. "It's good for new Visitors to know how a visit goes and know how the previous Visitor has related to each family," said Director JoAnn Braddy, "but it's hard to pick up the finer details and really learn until they've seen their own families." If she were starting from scratch and designing her pre-service training all over again, Ms. Braddy would tailor more sessions to individual needs.

As Home Start got underway in 1972, several new programs found their pre-service training reflecting the special needs of staff and parents. For instance, in the Navajo nation, the Home Start concept of using parents as teachers was a radical departure from the tradition, fostered by the U.S. Government, of sending Navajo children to Bureau of Indian Affairs boarding schools where they learned Anglo subjects from predominantly white teachers. To combat this weakening of the Navajo way of life, pre-service training in this program sought to combine traditional subjects for Navajo children with the skills they would need to get along in BIA schools later on. The entire Home Start staff, along with parents, specialists, Head Start staff, and personnel from local agencies camped at the base of the 400-foot cliffs of Canyon de Chelly, some in hogans, others living under the stars in the traditional Navajo ways. The group discussed Navajo history and culture and parents talked about what they wanted for their families. Staff discussed roles and responsibilities for Visitors, parent aides and community members. Everyone felt this three-day experience was an important planning event, but looking back with three years' perspective, the program Coordinator felt Home Visitors needed more instruction in specific content areas. Visitors later had to grapple with designing curriculum that combined Navajo culture with Anglo school-readiness needs. A serious difficulty for them, despite their fluency in both English and Navajo, was the problem of translating non-Navajo curriculum materials into their own language which is primarily oral, not written.

The Texas Migrant Council's Home Start program had unique start-up and training problems too. Here, initial training was done in Head Start centers because families were recruited in late April, shortly before they began following the crop harvests north for the summer. Staff followed their families by working in Head Start centers set up at migrant camps in Minnesota, Wisconsin, and elsewhere along the migrant stream. With only brief home-based training before the summer months, staff felt their classroom experience was helpful. When they returned to their home base in Weslaco, Texas in the fall, community specialists in health, housing, and nutrition were brought in as trainers since the program had no specialists on staff. Home Start had to compensate for this lack of resident expertise by divvying up responsibilities among Visitors

Figure 5-11

## NORTH CAROLINA TRAINING PLAN

### FIRST WEEK

**Monday, March 13**

(Shirley
and
Lucy)

1. Introduction.
2. Information about Home Start Program.
3. Information from Head Start Traveling Teacher.
4. Discuss field experience with Traveling Teacher.
5. Movie: "Take a Running Start."
6. Discuss how we can tie ideas from the movie into our daily Home Start plans.
7. Give out notebook materials.
8. Introduce books, pamphlets, Rainbow Series, etc.
9. Manuscript writing.

**Tuesday, March 14**

(Becky J.
Stradley)

1. Discuss how to involve mothers and fathers in the development of their children.
2. Movie: "Parents are Teachers Too" (22 minutes).
3. Present discussion guide and have general discussion.
4. Participate in an activity (or game) that fathers and mothers could do with the visitor or children.

**Wednesday, March 15**

(Shirley,
Lucy,
Bobbi)

1. Make playdough.
2. Make paste.
3. Make fingerpaint.
4. Mixing paint.
5. Discuss and plan an activity to accompany productions.
6. Movie: "A Day in the Kindergarten" (Hoyle).
7. "Early Expressionists."

**Thursday, March 16**

(Shirley & Bobbi)

1. Cooking and Science Projects.
2. Movie: "Jenny is a Good Thing."

**Friday, March 17**

(Sherri Metzger,
Emily Lloyd)

1. Water Play.
2. Outdoor Play.
3. Trips.

## SECOND WEEK

| | |
|---|---|
| Monday, March 20<br>(Mrs. Hoyle) | General behavior and characteristics of infants-six years old. |
| Tuesday, March 21<br>(Mrs. Hoyle) | Continue general behavior and characteristics of infants-six years old. |
| Wednesday, March 22<br>(Betty Crowe) | A.M. Music. |
| (Mildred Wallace) | P.M. Health and safety in the homes: first aid, communicable diseases, cleanliness, filmstrips, movies on health and safety in the home. |
| Thursday, March 23<br>(Mrs. Hoyle) | Curriculum activities and materials adaptable to the home. For example: kitchen utensils (how pots and pans can teach measuring, size, shape, etc.). |
| Friday, March 24<br>(Mrs. Hoyle) | Language development: books, finger plays, games. |

## THIRD WEEK

| | | | |
|---|---|---|---|
| **Monday, March 27** | County Agencies: Social Service Department (8:30 - 10:00), Home Economics Extension, N.P.P. Components (1:00 - 3:00). | | |
| **Tuesday, March 28**<br>(Dr. Dimsdale) | Preventive Dental Care<br>Movies | | |
| **Wednesday, March 29** | **A.M.** | Mental Health | ( 8:30) |
| (W.C.U. | | Speech and Hearing | ( 9:30) |
| personnel) | | Developmental Evaluation Clinic, W.C.U. | (10:30) |
| | **P.M.** | Southwestern Technical Institute | ( 1:00) |
| (Linda Frady) | | Health Department | ( 2:30) |
| (Mildred Wallace) | | Family Planning | |
| **Thursday, March 30** | **A.M.** | Movie: "Look At Me." (Modern T.P.) | |
| | | Filmstrip: "Teaching Deprived Children." | |
| (Shirley and | **P.M.** | Summarize, evaluate and tie together training to this point. | |
| Lucy) | | Audio-Visual equipment. | |
| **Friday, March 31**<br>(Becky J. Stradley) | Human Relationships: Discipline | | |

# NORTH CAROLINA MINI-PLAN FOR TRAINING NEW HOME START STAFF MEMBERS

The Head Start-Home Start 3 Wk. training program should precede this plan.

Objectives of this training

1. To increase knowledge concerning Home Start concepts.
2. To increase knowledge concerning the implementation of Home Start concepts and objectives.
3. To acquaint trainee with Home Visiting techniques, plans and procedures.
4. To acquaint trainee with forms, record keeping and reports.

**First Day**

Spend at office
- a. meet staff
- b. see Home Start Slide & Cassette presentation
- c. look at Scrapbook and get Home Start concept
- d. review printed materials
    1. *Resource Directory of Services for Families and Children of Macon County*
    2. *Personnel Policies*
    3. *Head Start* and *Home Start Guidelines*

**Second Day**

Go on Home Visit with a Home Visitor
- a. get the feel of a home visit
- b. learn that Home Start works with the focal *parent* rather than the focal child
- c. learn to have *empathy* rather than sympathy
- d. begin to learn to help people help themselves and help their children develop to their fullest potential socially, physically, mentally, and emotionally.
- e. learn the necessity of being a trustworthy and dependable Home Visitor

**Third and Fourth Day**

Spend in office
- a. learn about forms and how to fill them out
- b. read Home Start materials
- c. learn about the filing system, equipment, supplies, and materials available and how they are used
- d. get instructions on driving and maintenance of the Trail Blazers

**Fifth Day Friday**

A.M. Participate in the In-service training for Head Start-Home Start staff.

P.M. Participate in Home Start staff sessions
- a. fill out weekly reports
- b. become familiar with curriculum
- c. do individualized lesson plans
- d. become familiar with Learning Accomplishment Profile (LAP).

Figure 5-12

ARVAC, Incorporated
Home Start - Pre-service Training
February 1-29, 1972

## ASSIGNMENTS

**GENERAL:**

1. Attend a Head Start Center Committee Meeting of your assigned center.
2. Attend a Parent Organization Meeting of your assigned center.
3. Read the materials listed on the "Selected Reading List". The materials may be borrowed from C.D.C.
4. Fill out the "Check List".
5. Bring "Check List" and "Reading List" with you each week to staff meeting.
6. Turn in all reports, etc., on February 29, 1972, at staff meeting.
7. Attend Child Development staff meeting when possible.
8. Observe as many sessions of Peabody Language Development Time as possible.
9. Go on as many field trips and walks as possible.

ARVAC, Incorporated
Home Start Pre-Service Training
February 1-29, 1972

## SELECTED READING LIST

| | READING MATERIAL | DATE READ | DATE REPORT SUBMITTED |
|---|---|---|---|
| 1. | Home Start Proposal | | |
| 2. | *A Child Goes Forth* | | |
| 3. | *A Guide to Discipline* | | |
| 4. | Head Start Parent Manual | | |
| 5. | *Nursery School Handbook* | | |
| 6. | *Cooking and Children. Mix Well*<br>(Booklet by Mrs. Steinsiek) | | |
| 7. | *Food for Tots* | | |
| 8. | *Helping the Child to Listen and Talk* | | |
| 9. | *Is My Child Normal?* An open letter to a normal mother and father. | | |
| 10. | *What to Expect of 3, 4, 5 Year Olds* | | |
| 11. | Rainbow Series #10 "Parents" | | |
| 12. | Rainbow Series #5 | | |
| 13. | Rainbow Series #6 | | |
| 14. | Rainbow Series - "Nutrition" | | |
| 15. | 50 childrens books (From Center or Public Library) | | |

for health, training, curriculum, and parent coordination while sharing some training with Head Start. It was hard on Visitors, admitted Coordinator Estela Aguilar, "but it was certainly a good way to develop skills among staff."

After an intensive three weeks of pre-service training on child and family development and parent effectiveness, Massachusetts Home Start held sessions over a two-week period on psychological awareness and skills. Of particular help was a session with staff from the Life Enrichment Activities Program (LEAP) of Hartford, Connecticut, an organization that visits families with children from infancy through high-school age. Another course was a 12-week series of talks led by a psychiatrist that helped staff explore "Ourselves as Children" and "Ourselves and Our Children." Of the three-week intensive session, Family Services Administrator Peter Anastas said, "It was good to train everyone together and it was good that we had enough speakers to gain different points of view." On the other hand, Peter felt the three weeks (outlines in Figure 5-13) may have been "too much too soon. We had to process it too fast, and that caused some anxiety about making the grade. Next time, we'd probably do more with concrete curriculum, too."

When Alaska's first Home Start Director resigned unexpectedly, Coordinator Westeen Holmes called on regional Office of Child Development staff and consultants to help with pre-service training. During pre-service follow-up and all subsequent training for new staff, Ms. Holmes started with an unusual premise. "If people are going to work together harmoniously you have to ask each of them to go through an unlearning process. I say, 'We're not trying to change your value judgments or your cultural background at all--but in order to work together, we have a little bottle over here that you need to fit into if you're going to be able to function.'" Her Native Alaskan and Anglo staff learned how to look at their own attitudes, history, experiences and ideas objectively so these individual differences didn't interfere with the analysis and solution of family problems.

Home Start's pre-service training obviously varied widely in terms of length, emphasis and use of local resources, with local programs tailoring their sessions according to staff experience, available specialists, relation to other local projects, and differing views of what they wanted to accomplish. Home Start staff did, however, have some general advice about pre-service training. It should include, they said, some concrete curriculum-planning exercises and opportunities for staff to work with or observe children along with more theoretical topics. Arizona Coordinator Pauline Marshall recognized this lack of concreteness in her own program's pre-service training and remarked, "Even role-playing what a home visit would be like would have helped us a lot." But programs shouldn't try to cram too much into a short time; Home Visitors continue learning as they make more home visits and in-service training can help them improve. In talking about Gloucester's pre-service training, Family Services Coordinator Peter Anastas said, "We could have focused on what was essential for the first home visits and spread child development information over the in-service training for the next three years. Parents could have participated that way too, and we could have made our way into Home Start more easily."

## In-Service Training

Ongoing training in Home Start was used to familiarize staff with upcoming curriculum, upgrade Visitor and staff skills for working with families, provide a forum for group problem-solving, and give support to individual staff members. Like the supervision issue, in-service training is particularly important in programs relying heavily on paraprofessional staff. Two weeks of pre-service training, no matter how comprehensive, can't prepare someone fully for the variety of demands associated with nutrition, preschool education, adult education, health, and social/psychological services in a home setting. Even staff who do have experience, whether in home visiting or in day-care projects, need to update their approaches and keep in touch with current trends.

Figure 5-13

## Training Program for Home Visitors

May 8 - May 26
Gloucester, Mass.

### May 8 Morning

Discussion of training program: What do we want to do for children, for parents? What is the aim of the program?

Observation of children
- First grade classrooms
- First grade at recess time
- Head Start at meal time
- Parochial school at recess time
- Arts and Crafts School for Preschoolers

Guidelines: How are children dressed?, etc.

### Afternoon

Discussion: How do we feel about children, about parents?

Observation of children
- Doctor's offices
- Children's program at YMCA
- Informal activities - Laundermat
- Family Day Care

### May 9 Day Retreat

Morning bus trip around Cape Ann, discussion of sociology of Gloucester.

Day long discussion about home visiting with George Witt and two home visitors from the Life Enrichment Activities Program (LEAP) in Hartford, Conn.

### May 10 Boston, Mass.

Conference for National Adult Basic Education with Doris Frank from WHA-TV, Madison, Wisconsin.

### May 11 Morning

Observations of children
- Cape Ann Cooperative
- Montessori Children's House
- Notre Dame Children's Class (2nd Montessori School)

Discussions of observations

Observations
- Dentist's Office
- Playgrounds
- Restaurants

May 12, 17, 21, 24, 26

Parent Effectiveness Training (P.E.T.)
All staff participants in P.E.T., developed by California psychologist Dr. Thomas Gordon; training by P.E.T. trainer.

May 15 Morning

Early Childhood Education
Presentation of "Ages and Stages 3-6 yr. olds"
Mr. Charles Rossow, Director, Montessori Children's House
Gloucester, Mass.

Afternoon

Review of morning discussion and recruitment of families

May 16 Cambridge, Mass.

Day long workshop visit to Advisory for Open Education, Cambridge, Mass.

May 18 Morning

Demonstration lesson with 3 year olds - Rose Margosian
Discussion of lessons

Afternoon

Director of Guidance, Gloucester Public Schools - "Educational Problems in Gloucester"
Staff development of procedures to be used in recruitment of families

May 22 Day Retreat

Lecture: Dr. Burton White, Harvard University
Infant Stimulation
Discussion of materials to use with 3 to 6 year olds

May 23

Early Childhood Education
Joan Bergstrom, Consultant: Lecture and discussion on using materials with 3-6 year olds

May 25 Morning

Recruitment of families

Afternoon

"Ages and Stages, 3 to 6 year olds"
Kate Lafayette, Educational Consultant
Associated Day Care Centers, Boston, Mass.

Most Home Start programs designated one day a week for in-service training, with periods set aside for curriculum training, special workshops or lectures, and one-to-one consultation between Visitor and Supervisor. People found that training sessions represented a nice break in their home visiting schedules, allowing them to sort out problems families were having, share their experiences with their cohorts, prepare lesson plans and modify them for individual needs, and pick up new materials for the following week's work. New York was an exception to the one-day-a-week system. Here, the program scheduled training between 8 and 9:30 each morning. Deputy Director Hannah McCarthy felt these sessions were more easily assimilated in short doses, "before they begin to bore," and many families weren't up and around that early anyway, so time could better be spent in the office.

Training sessions were usually held at each program's central offices, but in Arkansas, where Visitors were scattered through five counties, Visitors themselves suggested that training be held in their local office space on a rotating basis each week. This system worked quite well, according to Assistant Director Linda Reasoner. "It's built a stronger understanding among Home Visitors," she pointed out. "When they hear one Visitor talk about problems she's having they can relate because they've seen her area, they can understand why transportation or finding a place to meet with parents can be a problem. Staff became more sympathetic and more willing to try to find solutions to each others' problems. It helped develop better rapport, and they really learned to become friends."

Training sessions themselves generally were devoted to curriculum training; workshops, lectures, seminars or special projects; and in several programs, Parent Effectiveness Training. Curriculum training meant introducing Visitors to the next unit or lesson plan by conducting a step-by-step analysis of associated activities and variations and practicing dry runs with the new material by means of role-plays and discussion. Trainers were generally Education Specialists, Supervisors, and sometimes Visitors themselves. Tennessee's Helen Skinnell, who developed her program's Captain Kangaroo curriculum, spent a good deal of her energy during initial training sessions working closely with Home Visitors and van teachers to make sure they understood how to use it. As the curriculum became more familiar to them, staff found they could rely more on each other--and less on Helen--for feedback, and spend more time on materials development. At the same time staff in Tennessee (and elsewhere) were preparing materials in advance, they often came up with plans for field trips or special activities related to their topics and began arranging for them.

San Diego Director Allana Elovson combined educational materials selection for her program with staff training in child development. Local guidelines required her to order two years' worth of materials at one time: since Visitors would be using them, she felt they should make the choices. Given freedom to browse through catalogs and choose anything, staff soon saw they needed more understanding of child needs. Slowly, starting from the beginning, they determined basic categories for learning--visual, auditory, tactile, gross and fine motor, quantitative, conceptual, and many more--and listed these on a large blackboard in columns, with "Easier" and "Harder" subheadings for classifying toys. Said Dr. Elovson, "Children vary enormously in their skills, and part of the training and problem solution was to decide what made something easier or harder, what kinds of demands a toy made." Selection became much simpler, with this structure, and staff discovered in the process that one toy could be used to teach several concepts. In the end, the program was able to order a good range of materials and, recalled Dr. Elovson, "everyone learned a lot about child development. We killed seven birds with one stone."

Workshops at many sites offered parents chances to participate along with staff. In Massachusetts, the program conducted a toy-making workshop that resulted in new materials for Visitors and better rapport between staff and parents. Almost every program brought in representatives of local community services to detail the range of programs offered and any criteria or special considerations staff should keep in mind. Local experts, drawn in to provide information, often proved to be useful contacts in their professions. Other special sessions were commonly devoted to topics or skills Visitors themselves identified for further exploration, out of a general interest or the awareness that certain areas needed improvement. Utah's monthly seminars and workshops focused primarily on health and nutrition topics; an outline of presentations is included as Figure 5-14. Frequent subjects covered in other programs were developmental psychology, Montessori teaching, health care, child development in theory and practice, social-service skills, early diagnosis of learning disabilities, infant stimulation, and similar topics. Skills that were concrete were routinely passed from Visitors to their families.

Parent Effectiveness Training (P.E.T.) was a highly popular item with staff and parents in the five programs that offered this education. Developed by a California psychologist, Dr. Thomas Gordon, P.E.T. emphasizes open and honest communication between parents and their offspring. Used extensively in Massachusetts, California and Arizona, staff found it could be an effective tool for encouraging a dialog between family members and between Visitors, other staff, and parents. Massachusetts' P.E.T. course, included in pre-service training sessions, was conducted by a P.E.T.-trained psychologist and cost the program $60 for each staff member. Many of Home Start's staff members received credit for the training and were able to apply it to their continuing education at local colleges and universities. Career Development will be discussed later in this chapter, but for now, let's look at how four programs handled in-service training.

New York: In Binghamton, three mornings a week were set aside for "formal" group training while alternate days were devoted to individual conferences with Deputy Director Hannah McCarthy. Ms. McCarthy determined the training needs of her staff based on their backgrounds and the program's needs. Using her extensive experience in health, nutrition, and child development, Hannah drew up three-month plans around issues in health, parenting, children with special problems, and so on. Excerpts from her outline for a Child Development unit appear in Figure 5-1 These topics also formed the basis for Home Visitor lesson plans. Ms. McCarthy conducted most of New York's training herself with assistance from guest lecturers, community agency personnel and university professors.

The program's sponsor, Binghamton Catholic Social Services, provided a session on record-keeping confidentiality, and "feelings versus facts", and one of the agency's social workers led a discussion on crisis intervention. A local minister conducted a Parent Effectiveness Training course for Visitors and a local college's developmental psychologist lent a hand with curriculum development when the program was just getting underway. Hannah's approach to training was to give her staff as much information as possible and then to help them learn to apply their knowledge in practical ways. Her training program, she felt, would help Visitors find other employment after Home Start's demonstration period ended.

Tennessee: In Harrogate, Home Start and Title III staff held joint training sessions one day a week. Mornings were devoted to curriculum training, planning, and developing materials for home visit activities. Afternoon sessions were reserved for lectures or workshops of special interest to staff--toy-making and crafts workshops, lectures on the importance of play for preschoolers, on language and psychomotor development. Consultants and community members called in to lecture were paid with training funds pooled by both programs. Some afternoon time was also allotted to individual or group meetings between Visitors and their supervisors.

## Figure 5-14

## UTAH HEAD START/HOME START STAFF TRAINING TOPICS

### September

Seminars: 1) Healthy, That's Me Curriculum Unit I; 2) Individual Training for new employees

Workshops: Self Concept

### October

Seminars: 1) Dental Health, 2) Working with Handicapped.

Workshops: 1) Demonstration on snacks that educators can make in the home, 2) Teaching ways of using small manipulative toys.

### November

Seminars: Health Unit #1.

Workshops: Make teaching aids to teach shapes.

### December

Seminars: Health Unit III.

Workshops: 1) Training on use of Wayne Butler's speech program, 2) Ideas on presenting seasons.

### January

Seminars: Health Unit IV

Workshops: 1) Creative music and rhythm, 2) Training on number and numeral presentation

### February

Seminars: Health Unit IV continued.

Workshops: Creative storytelling and poetry.

### March

Seminars: Health Unit V

Workshops: 1) Protein information, 2) Food experiences, 3) Large muscle development - outdoor activities.

### April

Seminar: Health V continued.

## Figure 5-15

## NEW YORK HOME START

## EXCERPTS FROM CHILD DEVELOPMENT UNIT
## (IN-SERVICE TRAINING)

### Child Development From 0-6 years of age

Rationale: It is felt that each Visitor should be aware of the child's physical and mental growth from infancy. Then she is better equipped to realize the child's needs or deficiencies when the child reaches 3-5 years; she is also better equipped to relate to the parent.

This training has a dual purpose:

1. Training the Parent Educator
2. What will benefit the mother in her role as child educator.

Consequently, formal lectures are kept to a minimum. Short discussion groups focusing on concrete situations are frequent.

Program: Child Development from Infancy to Toddler

Dr. Ronald Lally's approach and findings--a scheduled seminar for one day in late January or February.

Dr. Gary Johnson--lecture on Piaget stage levels, March 1974.

Mrs. Lillian Holbert--lecture and film: Physical and Emotional Growth 0-4 Years.

Mrs. M. Fehley--physical care and training of child 0-4 years; illnesses, immunizations.

At this time Visitors are given special classes:

The Unruly Child
The Contrary Child
The Young Child and His Fears

The positive approach of the mother is stressed in dealing with these stages. Fear is a natural emotion and one of the first experienced by the young child. Preschoolers' emotional characteristics and outlets must be stressed.

Additional topics to be discussed:

Emotional Support to Parents--Kathryn Meadow, Ph.D., and Hilde Schlessinger, M.D.
Developing Parent Participation--Winfred Northcott, Ph.D.
Planning Your Parent Program--David Lillie, Ed.D.

"The Most Important Things Parents can Teach a Little Child"--Mina La Shan, Family Life Specialist. Too many parents feel that preparing the child for school means teaching him facts and academic skills. Dr. La Shan names at least 10 other skills which are of much greater importance:

To know who I am--love and respect himself and know his family loves him
To read behavior--to counter experiences better
To communicate with words
To understand the difference between thoughts and actions
To wonder and ask why
To risk a failure as a necessary part of growing
To realize all questions do not have simple answers
To have a mind of his own
To trust grown ups
To know when to lean on adults

Activities for preschoolers' education:

First stage--stimuli and exercises from parents
Second stage--what he sees and hears
Third stage--what he can do himself, and his self-dependence

The idea that playing and games develop the child mentally must not be placed above the fact that play also develops the child physically. Gross motor development is of the greatest importance; then his development of hand to eye coordination, left to right progress and the refining of his audio perception and awareness.

Environment for teaching in home:

Bright idea of room where there is not much distraction. Tools ready for each activity. Child rested, not tired or irritable. Good pleasant relationship between child and mother--not too many "dont's".

Two elements of Tennessee's training made it unique among Home Start projects. First, all training was planned and arranged--and usually conducted--by a committee composed of a teacher, a teacher aide, a Home Visitor and a parent representing each program: Home Start and Title III. Three or four such committees (depending on the number of people available) were formed at the beginning of the year; each was responsible for training during an assigned period of several months. Based on the results of staff brainstorming sessions dealing with needs and interests, the training committees drew up schedules of topics and planned their presentations, including routine matters such as curriculum training and whatever special topics were requested. Supervisors worked closely with these committees in planning and arranging for guest lecturers. Tennessee staff were happy with this system for a number of reasons, according to Supervisor Desmond Tarter: parents became more involved in the program, staff talents and expertise could be fully utilized, the approach was good for staff morale, and responsibility was distributed among the people who were most interested in making training lively, informative, and relevant to their needs.

Another unusual feature was Tennessee's use of videotape. In the fall of 1974, a Knoxville organization called the Leadership Development Program conducted rather extensive taping of home visits and classroom activities for its own training purposes. Copies of these tapes were given to Home Start's sponsor, the Clinch-Powell Educational Cooperative, and made available to Home Start. The tapes proved a useful tool in training, allowing Visitors and van teachers to see themselves in action and critique their performances. Clinch-Powell also purchased a number of tapes from LDP and the Wilkerson Speech and Hearing Center in Nashville dealing with the preschool child, parents as language teachers, and the handicapped child, as training tools. In addition, Home Start was able to use CPEC's videotaping equipment for role-playing exercises; a simulated home visit could be played back immediately for analysis. The Cooperative furnished a media specialist to operate the equipment, and blank and pre-recorded tapes were purchased with funds from the Appalachian Resource Conference.

Nevada: Staff training priorities for both Head Start and Home Start in Reno were chosen on the basis of a needs assessment conducted by the Head Start specialists for each program component. Instructors from the University of Nevada (primarily its Social Work and Home Economics departments) were commissioned to develop semester-long courses geared to the needs of staff, to be paid for by Head Start Supplementary Training funds. Two courses were offered each semester and met on alternate Friday mornings. Staff received full credit for each course taken, and topics included behavioral reactions of children, nutrition, curriculum planning, and utilizing community agencies. Supervisor Barbara Keith felt this set-up satisfied staff for both programs because courses were truly geared to their needs.

Additional training was given by in-house program specialists as needs arose. For example, Head Start's Social Service Specialist conducted a session on problem-solving, and a special-education expert spoke about seizures. Barbara Keith was available for conferences about families each morning. Also, since this program used the Santa Clara Assessment Tool described in Chapter 2, staff had to be trained in the Tool's use. Head Start consulting funds were used to bring one of the Tool's developers from California for first-hand training.

Massachusetts: Gloucester's staff also trained jointly, with personnel from their sponsor's Family Day Care staff. Originally held on Fridays, training was moved to Wednesdays because at the end of the week everyone was too tired for a full day of discussion and problem-solving. Training needs were mutually agreed upon by Visitors, administrators, and Director Betty Stressenger, with mornings devoted to workshops on special topics of interest. For instance, a Montessori teacher spent four sessions discussing this system's methods and curriculum. During another session, the local American Cancer Society gave staff a presentation on cancer detection and prevention. Home Start training funds were used for speakers and consultants, and staff themselves often ran workshops on areas in which they could offer expertise. Curriculum training was part of the morning schedule as well.

It was during afternoon sessions that Massachusetts staff, as mentioned in the Supervision section of this chapter, developed a real rapport with each other. For all three years of Home Start's demonstration period, psychiatric social workers from the North Shore Children's Friend and Family agency worked with Home Start and Family Day personnel, their services paid for by training funds from both programs. Initially, sessions were split between training and consultation services. Training included awareness and sensitivity exercises and communication skills, in addition to discussions about learning disabilities, sexuality in children, death and mourning, and similar topics. Group consultations covered specific problems with families; Visitors could also confer individually with the social workers.

By the program's third year, sensitivity exercises and special presentations had been dropped and training periods were devoted mainly to consultation (staff called them casework sessions). Visitor Donna Ciepley explained, "By the third year we didn't really need presentations any more. We knew more about what we were doing and needed specific help with specific families rather than general topic presentations." "Also," added Family Services Coordinator Peter Anastas, "the kinds of issues we were getting into before, during sensitivity exercises and presentations, were coming out during casework sessions anyway." According to Gloucester staff, the Children's Friend and Family social workers provided "really fine consulting" and guidance for their work with families, and helped staff members learn how to support and care for each other. An additional feature of Gloucester's staff training was the program's sponsorship of a series of lectures by Boston area physicians addressing aspects of child development, behavior, and infant stimulation. Notices of upcoming lectures appeared in the local newspaper, inviting the public to attend.

## Career Development

In addition to the job-specific training we've been discussing, Home Start staff at a number of locations were able to continue their high-school and college educations or receive credit for their Home Start training. Several Visitors in Massachusetts received college credit for the Parent Effectiveness Training they undertook in the program, and in Reno, staff also were given credit by the University of Nevada for University-designed Home Start coursework.

In North Carolina, where Head Start and Home Start were both sponsored by a CAP agency called Macon Program for Progress, Head Start set up career development training for both projects leading to an A.A. in Child Development. Home Visitor Esta Mae Stepp completed her G.E.D. while working for Home Start and was awarded her A.A. degree just after the program's funding terminated. Houston's Social Service Coordinator and a Home Visitor attended college courses in the evenings as they worked toward B.S. and B.A. degrees respectively. Their courses were subsidized by Head Start Career Development funds. In New York, Home Start funds paid for at least one Visitor's night course at a local community college. Just having a full-time job enabled a Visitor with the Texas Migrant Council's program to afford college classes in the evenings. And when West Virginia's Field Supervisor decided she needed additional skills to help her Visitors, she enrolled in an M.S.W. program and expected to graduate in the fall of 1975. Tennessee's sponsor offered excellent incentives for continuing education toward a state-recognized Teacher Aide certificate. The Cooperative paid full tuition for the first course taken and allowed staff to attend up to three credit hours of classes per week on company time. Moreover, for every 15 credit-hours earned by a staff member, her or his salary was increased $25 a month.

About a third of Home Start's Visitors and administrators received some kind of certification through Home Start, including Red Cross First Aid and Home Nursing, Parent Effectiveness Training, Literacy Tutoring Certificate, and Certificates for participation in workshops on mental health and the behavioral problems of handicapped children. In addition, fully two-thirds of all staff took some high-school, college or post-graduate credit course while they worked for the Home Start program.

## EVALUATION AND LONG-RANGE PLANNING

Whether a home-based program is sponsored by a small, private foundation or an entity as massive as the Office of Health, Education and Welfare, it's accountable to someone or some department as well as to the families served for the way the program is run. Home Start, for instance, was accountable to the people it served, to the delegate or grantee agencies through which its funding was disbursed, and to the national Home Start office which in turn was part of the Office of Child Development of HEW.

In Home Start's case, each local program, with its annual budget of approximately $100,000, was required to furnish quarterly reports of its expenditures to OCD and its local sponsor. (Sponsors often compiled these reports themselves as a donated service to the program.) Local programs were also responsible for adhering to Home Start guidelines for service (see Appendix B) and for shifting focus or attempting additional services according to recommendations from OCD.

Accountability to the local community was also considered important, although Home Start set no requirements for such activities. Most programs found it expedient to keep local service agencies apprised of their progress and their impact (often through printed materials such as brochures or fact sheets) and to spread the word about their work to the community-at-large through the media and speaking engagements, both of which were also useful in recruitment. Several programs put together slide presentations of their work for similar purposes.

## Inter-site Visits and Conferences

Throughout the three years of demonstration, the national Home Start office, located with the HEW Office of Child Development provided a number of opportunities for local staff to get fresh views of home-based program operation. Through funds provided by the national office, program staff often made visits to other sites and Home Visitors, particularly, found these visits valuable in exchanging ideas, techniques, and approaches to common problems. Guest Visitors had a first-hand view of their colleagues in action, and picked up tips on curriculum materials and home visit activities. In addition, staff were able to contrast services available in different communities and programs. "It was good for staff morale," said Estela Aguilar, Coordinator of the Texas Migrant Council program, "because staff felt that they were doing more in their own community with fewer resources."

In some programs, visits resulted in improvements in program operations, including implementation of some of the new ideas obtained by visiting staff. In West Virginia, Home Visitors completely changed lesson plans and ways of presenting them to parents as a result of the inter-site visit. North Carolina staff adopted the use of parent guides and revised their curriculum on the basis of new ideas and innovative uses of in-home materials they had observed in another program. Changes implemented by other programs were more organizational in nature, such as the way Home Visitors prepared for home visits and developed record-keeping systems.

Annual conferences were held for local Home Start staff, national and regional Office of Child Development representatives, specialists in home-based education, and other program operators interested in home-based education. These conferences (one "kick-off" for the program in 1972 and one each year thereafter) provided opportunities for staff from several programs to meet in workshops for curriculum, parent activities, special services and other topics of concern. These conferences also gave staff from all parts of the country a chance to develop friends in programs and offices all over the country. "It was useful for my staff," said one Director "being exposed to people who were leaders in child development and parent involvement and participating in specific workshops." "The conferences helped us feel part of an important national effort," said another.

Communication was also maintained and assistance to local programs offered through visits to the programs by national Home Start office staff and child development specialists working with the national office. Occasionally, when special needs for specific assistance were identified, the national staff member might help arrange such assistance, with a regional health specialist, for example. All such visits and conferences helped staff check how they were doing in developing their programs. For most Directors and staff, however, primary accountability was to parents and families themselves: program evaluation was a means of soliciting parent and staff opinions on ways to improve services and guage the effectiveness of the program's efforts.

## Program Evaluation

While all Home Start programs had parent decision-making bodies (see Chapter 4) to provide feedback, most felt the need for an annual overall assessment by parents and staff as well. Program evaluations let everyone say their piece, and not only about specific day-to-day issues but about program directions and emphasis. The kinds of evaluation used by Home Starts ranged from informal, speak-your-own-mind coffee hours to four- and five-page questionnaires designed to elicit specific comments and suggestions about each aspect of the Home Start effort.

Borrowing the idea of a parent-staff retreat from Arizona Home Start, which used the retreat for training and planning purposes, Utah staff and some parents took to the mountains for a three-day session at the end of their program's second year. In small-group discussions and larger gatherings they hashed over all facets of the program and tried to come up with concrete suggestions for inclusion in the following year's program. Director Sheri Noble felt the retreat was responsible for good ideas and more importantly for greater solidarity between parents and staff. In Nevada, Supervisor Barbara Keith met with a group of mothers from time to time in a relaxed, informal way to talk about their concerns and see how her program could help. These rap sessions led to a clothes-mending workshop and establishment of a Swap Shop where parents could exchange clothes or take what they needed for their families. "We had to get parents involved in our program," Barbara pointed out, "because I'm firmly convinced that our best evaluators are our parents."

In Kansas, everyone was involved in assessing their program. Parents evaluated it, both individually and through the Parent Policy Council, and staff evaluated the Director's performance as well as the program's as a whole. For parents, questionnaires were distributed each year. Typical questions were these:

-- Does the Visitor plan future visits with you?
-- Do you feel the Visitor has acquainted you with any helpful community resources?
-- Do you feel the Visitor imposes her values on you?

-- Do you feel your child has benefited from Home Start?

-- What is the best thing about Home Start?

Space was left for complaints and/or recommendations. One parent responded,

> "The main complaint is I noticed many of the Visitors smoke. It is influential. Maybe they could smoke in between visits, after field trips, or just not in the presence of children. I know that probably many of the children's parents smoke, but a Visitor's contribution would be the influential one because they are the ones the children put their confidence in."

Massachusetts' parent evaluation was the four-page questionnaire reproduced in Figure 5-16 which was conducted during the summer, as plans were being formulated for the following year. Results of the evaluation indicated parents were eager for their children to be learning more concrete skills in reading and arithmetic in preparation for their school years. Director Betty Stressenger's response was to explain to parents the need for readiness activities for preschool children, rather than rote learning of numbers and letters. She also explained the need to increase readiness activities during home visits.

New York Home Start's Director, Lou Conn, kept his ears open for parent reactions and pointed out, "If things weren't going well, we'd get backlash at Parent Policy meetings." To solicit funds from other agencies in his area, Lou developed a parent questionnaire to provide ammunition for his contention that Home Start was serving a critical need. The response he got was gratifying: "They wrote extensive comments about the relationships they have with the Home Visitor. Many feel that their lives have changed, that there is unity in their families that wasn't there before. Seeing their comments was great--they might mean more than a lot of statistical data."

In some sites, staff found that face-to-face group evaluations were more successful than individual paper-and-pencil surveys. Parents seemed to draw support from each other

## Figure 5-16

## GLOUCESTER PARENT EVALUATION

Directions:

On the following questions put a check in the box opposite the answer that best describes your personal opinion.

1. Since my child started Home Start, he/she
   - a. has progressed greatly ________ ☐
   - b. has progressed a little ________ ☐
   - c. hasn't learned anything ________ ☐

2. Check one
   - a. My child really likes Home Start ________ ☐
   - b. My child participates because I want him/her to ________ ☐
   - c. My child doesn't like Home Start ________ ☐
   - d. I don't know how my child feels ________ ☐

3. In my opinion, Home Start
   - a. requires too much discipline ________ ☐
   - b. there is just the right amount of discipline ________ ☐
   - c. there is not enough discipline ________ ☐

4. Do you feel that your child is receiving enough individual attention?

   YES ____ NO ____

5. Do you feel you are receiving enough information about your child's progress?

   YES ____ NO ____

6. Do you find it easy to talk to your Home Visitor concerning your child?

   YES ____ NO ____

7. Would you like to have more opportunity to plan with your Home Visitor about your child?

   YES ____ NO ____

8. Do you like the activities for your child?

YES ____ NO ____

9. Since my child started in Home Start, I have noticed that he/she

a. is more independent ________ ☐
b. less independent ________ ☐
c. no difference ________ ☐

10. Since my child started in Home Start, I have noticed that he/she

a. is more curious ________ ☐
b. is less curious ________ ☐
c. no difference ________ ☐

11. Since my child started in Home Start, I have noticed that he/she

a. gets along better with other children ________ ☐
b. gets along worse with other children ________ ☐
c. no change ________ ☐

12. Since my child started in Home Start, I have noticed that he/she

a. speaks more clearly ________ ☐
b. speaks less clearly ________ ☐
c. no change ________ ☐

13. Since my child started in Home Start, I have noticed that he/she

a. follows directions more easily ________ ☐
b. follows directions less easily ________ ☐
c. no change ________ ☐

14. Since my child started in Home Start, I have noticed that he/she

a. is better behaved ________ ☐
b. behaves worse ________ ☐
c. no change ________ ☐

15. Do you think your child will do better in public schools because of Home Start?

YES ____ NO ____

What did you expect your child to learn as a result of Home Start?

1. ____________________
2. ____________________
3. ____________________

17. In your opinion, what should be done to improve the program for your child?

1. ____________________
2. ____________________
3. ____________________

18. As a result of Home Start,

a. I know more about my child's development ____

b. I know a great deal more about my child's development ____

c. I know the same about my child's development ____

19. As a result of Home Start, I have gained knowledge as the teacher of my child

YES ____ NO ____

20. As a result of Home Start, I know more about the services available to me in the community

YES ____ NO ____

PARENT ACTIVITIES EVALUATION

1. Check one

a. I attend most of the Parent Activities ____

b. I have attended at least one of the meetings ____

c. I have not been able to attend ____

Why? ____________________

2. Which statement best describes your opinion of Parent Activities?

   a. I find them enjoyable

   b. I like them a little

   c. I find them boring

   d. I haven't attended enough activities to form an opinion ______

3. As a result of the activities, I have

   a. found out a lot about Home Start ______

   b. found out a little about Home Start ______

   c. found out almost nothing ______

4. Do you feel comfortable sharing concerns and interests with other mothers at the activities?

   YES ______ NO ______

5. Have you been able at the activities to discuss the progress of your child?

   YES ______ NO ______

## PROGRAM EVALUATION

1. What has Home Start meant to you?

   1. ______
   2. ______
   3. ______

2. What could be improved in Home Start?

   1. ______
   2. ______
   3. ______

and were more vocal in expressing their views. According to Massachusetts Director Betty Stressenger, while individual evaluations were helpful, group evaluations at parent meetings were far more effective. She suggested using both approaches to get parents and staff to look at their programs.

## Long-Range Planning

Program evaluation is a tool in the long-range planning process which in turn provides a framework by which a staff can judge how far they've progressed and where they want to go. Good planning and scheduling allow tasks to be sequenced in a workable form and attendant logistical problems to be handled with a minimum of fuss. When crises do develop, they're less likely to send the whole program into a tailspin if people know where they are in the year's work and can see possibilities for rearrangement of services.

Home Start programs did the bulk of their planning for the whole year during the summer months, when some families were vacationing and operations could be more relaxed. In Utah, where planning was done jointly with Head Start, the same major goals were set for both programs but each staff tailored these objectives into their own monthly work plans. Figure 5-17 shows how one month was handled. Sequential units for teaching skills or presenting topics for each set of goals were detailed in the program's Curriculum Guide described in Chapter 3, Education. Sheri Noble, Utah's Head Start/Home Start Director, commented that her program became less "hit-or-miss" and less subject to change as a result of yearly work plans.

Tennessee's plan for the year was much more specific, with a list of "process objectives" for each aspect of the program and an outline of tasks, staff responsibilities, and completion

Figure 5-17

## Utah Work Plan

## JANUARY GOALS

### Health

**Physical Health:** 1) Proper dress for winter. 2) Nose blowing, covering mouth to cough or sneeze. 3) Care of sick, home nursing--don't cater to sick children. 4) Importance of clean house for prevention of family illnesses. 5) Body part internal and functions. 6) Good health is necessary for good education.

**Dental Health:** 1) Dental health and speech development.

**Nutrition:** 1) Recipes for hot one dish meals. 2) Food buying guide. 3) Buying foods in season. 4) Using mealtime to teach language.

**Self-Concept:** 1) How what is said to children affects self concept (receptive language). 2) Using what child knows and talks about to develop expressive language. 3) "My home and my health".

### Education

**General Teaching:** 1) Talking and Listening. 2) Using the public library. 3) Class on basic child development principles and characteristics at different age levels. 4) Importance of repetition. 5) Adequate language development is essential for school success; lack of it is the primary cause of school failure.

**Language Development:** 1) Picture reading. 2) Isolated sound production. 3) Using Nursery rhymes and poems. 4) Using puppets, flannel boards. 5) Using libraries. 6) Explain receptive and expressive language.

**Large Motor Development:** 1) Using large motor activities to teach language, such as following instructions receptive, and using action words to describe motor activities (expressive). 2) Indoor motor activities for winter. 3) Importance of large motor activities to general health.

**Small Motor Development:** 1) Using small motor activities to teach language. 2) Using household chores (hanging and folding clothes, etc.) to develop small motor skills. 3) Using fingerplays for small motor and language development.

**Cognitive Development:** 1) Winter concepts, time, seasons, temperature, weather, clothing, health, etc.) 2) Time concept--year. 3) Using stories, poems, songs to teach cognitive concepts. 4) Noting all environmental changes with children. 5) Cognitive development depends on language development.

**Field Trips:** 1) Hardware Ranch. 2) Library. 3) School plays.

### Parent Involvement

**Meetings and Classes:** 1) Child development. 2) Home nursing. 3) Registration for adult education classes. 4) Decide on fund raising projects.

**Workshops and Seminars:** 1) Money management. 2) Wayne Butler's speech and language program. 3) Story-telling, flannel boards. 4) Motor development.

### Staff Training:

**Seminars:** 1) Home safety. 2) Infant stimulation.

**Workshops:** 1) Teaching shapes, reading readiness. 2) Creative movements. 3) Music and homemade instruments.

dates (see Figure 5-18). With detailed yearly work plans, according to Home Visitor Hazel Bright, "we can do twice as much as we could when we started." Alaska's Home Start also preferred a detailed work plan. Set up as a Proposed Schedule from August through May, each week's activities were described for staff as well as families. As part of the schedule, staff also developed a calendar keyed to program events for instant reference. A sample of Alaska's calendar is included in Figure 5-19.

Since every program's needs are different, we can offer few specific tips on long-range planning. Two considerations to keep in mind, however, are realistic planning in terms of time allotted and the psychic highs and lows people go through during the seasons. Everything seems to take longer in a home-based program than in a day-care format because children aren't gathered together in a center close to services and contacts with families may be weekly instead of daily occurrences. Families without telephones and transportation are hard to reach, so it takes longer to check on whether appointments were kept or activities undertaken if the Visitor herself wasn't involved. Realistic goals need to be set and staff given enough time to accomplish them. In addition, Home Start staff in several locations talked about the seasonal rhythms of family life they discovered; they learned to take these into account in their long-range planning. Fall was customarily a time of sustained activity as staff enrolled new families and hustled about arranging for services and re-establishing contact with service agency personnel or families returning from vacations. Motivation and energies slumped in the winter. Gloucester's Peter Anastas remarked on the depression and irritability of staff with the financial pinch that usually follows Christmas and "the promise that Christmas holds out and doesn't fulfill." "It's miserable and everything's ugly," said Susie Bradley of winters in West Virginia.

## Figure 5-18

## Tennessee Process Objectives

| 1974 | HEALTH SERVICES |
|---|---|
| August 31 | 1. The Home Start Nurse will collect written verification that all Home Start personnel have had TB skin tests. This objective will be completed when the written statements verifying the skin tests are on file in the Nurse's office for all program personnel. |
| September 1 | 2. The Home Start Nurse will ensure that all mobile vans and centers are equipped with first aid kits. This objective will be completed when the Supervisor has received written verification from the Home Start Nurse that all mobile vans and centers are equipped with first aid kits. |
| September 15 | 3. Home Visitors will submit to the Nurse written information necessary for completing health records of all Home Start children. This objective will be completed when Home Visitors have submitted written information sufficient for completing health records of children in the program, these records have been completed by the Nurse and placed on file in the Nurse's office. |
| September 30 | 4. The Home Start Nurse with the assistance of Home Visitors will determine that complete physical examinations are given all new recruits in the Home Start Program by September 30, 1974. This objective will be completed when signed records by the Pediatrician of examinations of all recruits are on file in the Nurse's office. |
| October 31 | 5. The Home Start Nurse will develop and implement a schedule for dental examinations prior to October 1974 for all new recruits. The plan will include dental appointments for all new recruits in the program. This objective will be completed when invoices have been received from the dentist for examination of all students in the program and these invoices have been placed on file in the Nurse's office. |
| November 30 | 6. The Home Start Nurse, with the help of the Home Visitors, will ensure that all immunizations have been completed by November 30, 1974. These immunizations will include the DPT's, Polio, Measles and Rubella and any other immunizations required by program guidelines. This objective will be completed when the Home Visitors have submitted to the Home Start Nurse signed records that immunization requirements have been completed. |
| November 30 | 7. The Home Start Nurse will identify all families currently enrolled in the extended nutrition program. This objective will be completed when a written record of enrollment in this program is on file in the Nurse's office. |

## Figure 5-19

### ALASKA CALENDAR

Aug. 1974 - June 1975

August 1974

| M | T | W | T | F |
|---|---|---|---|---|
| 19 | 20 | 21 | 22 | (23) |
| 26 | 27 | 28 | 29 | (30) |

September 1974

| M | T | W | T | F |
|---|---|---|---|---|
| 2 | 3 | 4 | 5 | (6) |
| 9 | 10 | 11 | 12 | (13) |
| 16 | 17 | 18 | 19 | (20) |
| *23 | *24 | *25 | *26 | [27] |
| *30 | | | | |

October 1974

| M | T | W | T | F |
|---|---|---|---|---|
| | *1 | *2 | *3 | *(4) |
| 7 | 8 | 9 | 10 | (11) |
| 14 | 15 | 16 | 17 | (18) |
| 21 | 22 | 23 | 24 | [25] |
| 28 | 29 | 30 | 31 | |

November 1974

| M | T | W | T | F |
|---|---|---|---|---|
| | | | | (1) |
| --4 | 5 | 6 | 7 | (8) |
| 11 | 12 | 13 | 14 | (15) |
| 18 | 19 | 20 | 21 | [22] |
| *25 | 26 | 27 | 28 | |

December 1974

| M | T | W | T | F |
|---|---|---|---|---|
| /2/ | /3/ | /4/ | 5 | (6) |
| 9 | 10 | 11 | 12 | (13) |
| 16 | 17 | 18 | 19 | (20) |

January 1975

| M | T | W | T | F |
|---|---|---|---|---|
| | | | (2) | (3) |
| 6 | 7 | 8 | 9 | (10) |
| 13 | 14 | 15 | 16 | (17) |
| /20/ | /21/ | /22/ | 23 | (24) |
| 27 | 28 | 29 | 30 | [31] |

February 1975

| M | T | W | T | F |
|---|---|---|---|---|
| 3 | 4 | 5 | 6 | (7) |
| --10 | 11 | 12 | 13 | (14) |
| 17 | 18 | 19 | 20 | (21) |
| /24/ | /25/ | /26/ | 28 | [28] |

March 1975

| M | T | W | T | F |
|---|---|---|---|---|
| 3 | 4 | 5 | 6 | (7) |
| 10 | 11 | 12 | 13 | (14) |
| 17 | 18 | 19 | 20 | (21) |
| /24/ | /25/ | /26/ | 27 | [28] |

April 1975

| M | T | W | T | F |
|---|---|---|---|---|
| | *1 | *2 | *3 | (4) |
| 7 | 8 | 9 | 10 | (11) |
| /14/ | /15/ | /16/ | 17 | (18) |
| --21 | 22 | 23 | 24 | [25] |
| 28 | 29 | 30 | | |

May 1975

| M | T | W | T | F |
|---|---|---|---|---|
| | | | 1 | (2) |
| 5 | 6 | 7 | 8 | (9) |
| 12 | 13 | 14 | 15 | (16) |
| 19 | 20 | 21 | 22 | (23) |
| 26 | 27 | 28 | 29 | [30] |

CODE:

| | |
|---|---|
| ///// | Class Room Days |
| ( ) | Home Start Staff Training Days |
| ____ | Parent/Staff Workshop Days |
| * | Home Start Staff Review & Catch-up Days |
| [ ] | Association In-Service Day |
| -- | Home Visit Observations |

In late winter, it was still cold in most sections, food stored from summer was getting scarce, and roads were so bad families couldn't even get together to share their woes. Then and in early spring, families needed extra health and social services and more moral support from their Visitors, who in turn needed extra support from each other and their supervisors. March was the worst month in Alaska, where families spent long, bitterly cold winters cooped up inside their small homes. "When things get bad in March, you sometimes can just remind people what month it is and they'll loosen up," said Westeen Holmes. Spring, with warmer weather, the prospect of gardening, and reduced needs brought heightened interest and motivation. "There's more to eat, people can relax more and spend more time with their kids," said Arkansas' Family Education Specialist Marie Mowery. Fewer home visits and group activities were missed as roads and health improved.

Summer brought more changes as families and staff relaxed and many parents terminated their involvement when schools closed and vacations began. Most Home Start programs slipped into low gear for the summer months, relying heavily on outdoor, group activities. Said Peter Anastas, "We did a lot more with groups, a lot more field trips to the beach, about nature, about using the environment." Outdoor activities were a necessity in Alaska during summer because families simply couldn't stand to stay indoors with the prospect of another winter arriving soon. Home Start programs often found themselves helping organize activities for older children in the family in summertime: Arkansas used Neighborhood Youth Corps workers to help with this. Every program found it had to work around staff and family vacations, visiting relatives and other typical summer events. And finally, summer was the time for planning for the following year, looking back at past performance and plotting a better way to go.

Long-range planning for individual families in Home Start depended on information obtained from periodic needs assessment surveys. Family and child needs and goals change over time and require new combinations of strategies and services. To accommodate changing needs and monitor progress, Visitors found it helpful to readminister their assessment tools for child development and family status in terms of health, stability, and comfort. For child development, assessment tests like those used in Nevada (Santa Clara Assessment Tool), Utah (a battery of three measures), and New York (Child Study Record)[1] were administered at the beginning and end of the program year to measure developmental growth. California staff used the Concepts, Attributes and Relationships Board[1] for all focal children every three months. Some programs found these formal tests time-consuming and preferred more relaxed measurements. In Utah, parents took the responsibility for filling out a checklist of child skills (developed, incidentally by parents and staff) several times each year. In Tennessee, a child's progress in the van's classroom activities was a good index of performance in home visit activities, since the same curriculum was used in both formats concurrently. At every site, casual assessment was noted in daily contacts between Visitors, supervisors, parents and special staff.

Family progress was also monitored at all programs through periodic reassessment. Nevada's Parent Attitude Survey, part of a four-test battery administered to children and parents on enrollment, was readministered at the year's end. The Nevada Family Profile Sheet and similar forms in Utah, New York, and California provided quarterly updates of family needs in the areas of housing, safety, health, nutrition, emotional growth, and so on. At most sites, parents and their Visitors worked together to identify needs and reevaluate goals. San Diego staff developed the Checklist for Change shown in Figure 5-20 to keep track of family progress. Updated each quarter, it noted

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[1] See Chapter 2, Assessing Family Needs

Figure 5-20

## SAN DIEGO HOME START
## CHECKLIST FOR CHANGE

DATE OF ENROLLMENT ________________
LENGTH OF ENROLLMENT ________________ NAME ______________________
Terminated _____
REPORT No. _________ DATE OF REPORT _____________ Active _____

| WHAT CHANGES HAVE YOU OBSERVED IN USING INFORMATION CONCERNING: | originally adequate | less than before | none | some | considerable | remarks |
|---|---|---|---|---|---|---|
| **A. PUBLIC HEALTH SERVICES** | | | | | | |
| 1. B.C. Clinic | | | | | | |
| 2. Well baby Clinic | | | | | | |
| 3. Physical exam | | | | | | |
| 4. Immunization. | | | | | | |
| 5. visiting P.H. Nurses. | | | | | | |
| 6. others. | | | | | | |
| 7. hearing exam | | | | | | |
| 8. eye exam. | | | | | | |
| 9. speech exam | | | | | | |
| **B. EMERGENCY SERVICES & FACILITIES** | | | | | | |
| 1. Emergency rooms | | | | | | |
| 2. Food. | | | | | | |
| 3. Free Clinic (Mercy, Chicano, Indian). | | | | | | |
| 4. Emergency counseling. | | | | | | |
| **C. GOVERNMENT PROGRAMS SUCH AS:** | | | | | | |
| 1. Medi-Cal. | | | | | | |
| 2. Social Security | | | | | | |
| 3. Food Stamps | | | | | | |
| 4. WIC | | | | | | |
| **D. CHILDREN'S HEALTH PRACTICES** | | | | | | |
| 1. Handwashing before meals | | | | | | |
| 2. " " after using toilet | | | | | | |
| 3. Personal bathing | | | | | | |
| **E. OTHER HEALTH INFORMATION (Tel-Med).** | | | | | | |
| **F. DENTAL PRACTICES** | | | | | | |
| 1. Care of teeth (brushing) | | | | | | |
| 2. care of children's baby teeth | | | | | | |
| 3. awareness of cavity causing food | | | | | | |
| 4. dental clinics | | | | | | |
| 5. effects of teeth on Speech and overall health | | | | | | |
| **G. SOCIAL SERVICES** | | | | | | |
| 1. Welfare | | | | | | |
| 2. Clothing | | | | | | |
| 3. Housing | | | | | | |
| 4. Counseling services | | | | | | |
| 5. Legal Aid - specific service | | | | | | |

| Social Services (continuation) | originally adequate | less than before | none | some | considerable | remarks |
|---|---|---|---|---|---|---|
| 6. Job opportunities | | | | | | |
| 7. Job training | | | | | | |
| 8. Services for Handicapped | | | | | | |
| 9. Immigration | | | | | | |
| 10. Consumer Affairs | | | | | | |
| 11. Child care services | | | | | | |
| 12. Others (Thrift store) | | | | | | |
| **H. HOME SAFETY INFORMATION**<br>Awareness of: | | | | | | |
| 1. Poisonous & dangerous things in home | | | | | | |
| 2. What to do in case of poisoning | | | | | | |
| 3. Keeping medicine & cleaning material out of children's reach | | | | | | |
| 4. Ways children get hurt in the house | | | | | | |
| 5. Playthings that might be harmful | | | | | | |
| 6. What to do in case of burns | | | | | | |
| 7. Burn treatment clinic | | | | | | |
| **I. NUTRITION** | | | | | | |
| 1. Knowledge of connection between Food & Health | | | | | | |
| 2. Knowledge of four food groups & what is in each group | | | | | | |
| 3. Importance of balanced intake of food at different ages | | | | | | |
| 4. MPF & recipes for using It | | | | | | |
| 5. ENEP program | | | | | | |
| 6. Food buying practices | | | | | | |
| 7. Food storage practice | | | | | | |
| 8. Food that can be used instead of meat | | | | | | |
| 9. Empty foods | | | | | | |
| 10. Special diets | | | | | | |

| WHAT CHANGES HAVE YOU OBSERVED IN CHILD'S: | originally adequate | less than before | none | some | considerable | remark |
|---|---|---|---|---|---|---|
| 1. Attention span . . . . . . | | | | | | |
| 2. Curiosity about events . . | | | | | | |
| 3. Curiosity about Home Visitors equipment . . | | | | | | |
| 4. Recognition of pictures in books . . . . . . . | | | | | | |
| 5. Recognition of colors | | | | | | |
| 6. Recognition of shapes | | | | | | |
| 7. Recognition of objects . | | | | | | |
| 8. Interaction with materials | | | | | | |
| 9. Displaying own new skills | | | | | | |
| 10. self help skills | | | | | | |
| 11. talking to Home Visitor and others . . . . . . | | | | | | |
| 12. Discussion of what is happening . . . . . . . | | | | | | |
| 13. Destructiveness with toys | | | | | | |
| 14. Recounting stories in proper sequence . . . . . | | | | | | |
| 15. Use of detail in telling about things . . . . . | | | | | | |
| 16. Fine motor skills . . . . . | | | | | | |
| 17. Knowledge of nursery rhymes | | | | | | |
| 18. Attitude toward learning and trying . . . . . . . | | | | | | |
| 19. Use of more detail in speech | | | | | | |
| 20. Willingness to persist if things don't work out . | | | | | | |
| 21. Clarity of speech . . . | | | | | | |
| 22. Concentration in midst of distractions . . . . . | | | | | | |
| 23. Attitude toward Home Visitor | | | | | | |
| 24. Ability to focus in a task | | | | | | |
| 25. Ability to share with . . others . . . . . . . . . | | | | | | |
| 26. Ability to defend own rights . . . . . . . . . | | | | | | |
| 27. Troubles with sibling rivalry . . . . . . . . . | | | | | | |
| 28. Use of physical violence to solve conflicts . . | | | | | | |
| 29. Use of other problem-solving techniques . . | | | | | | |
| 30. Running around during visits | | | | | | |
| 31. Physical abuse of Home Visitor | | | | | | |
| 32. Ability to make needs . . known . . . . . . . . . . | | | | | | |
| 33. Ability to accept simple explanations as to why things will or will not happen . . . . . . . . | | | | | | |

| WHAT CHANGES HAVE YOU OBSERVED IN<br>PARENT'S: | originally adequate | less than before | none | some | considerable | remarks |
|---|---|---|---|---|---|---|
| 1. Confidence in own parenting skills . . . . . . . . | | | | | | |
| 2. Discussions of Child's accomplishments, characteristics, behavior, feelings . . . . . . | | | | | | |
| 3. Recognition of child's feelings, possitive & negative . . . . . . . | | | | | | |
| 4. Concern with differences between parents and child rearing practices | | | | | | |
| 5. Allowing child to express feelings . . . . . . | | | | | | |
| 6. Acceptance of child's behavior . . . . . . . . | | | | | | |
| 7. Verbalization of concern about child . . . . . | | | | | | |
| 8. Observations of changes in child . . . . . . . . | | | | | | |
| 9. Permitting child to do more for self . . . . | | | | | | |
| 10. Permitting child to take part in home activities | | | | | | |
| 11. Use of alternatives to physical punishment . | | | | | | |
| 12. Attendance at Parent meetings . . . . . . . . | | | | | | |
| 13. Patience with child's attempts to learn or master new skills . . | | | | | | |
| 14. Skill in solving daily problems among children | | | | | | |
| 15. Working with child during week . . . . . . . . | | | | | | |
| 16. Use of explanations of everyday events reading stories, singing songs | | | | | | |
| 17. Taking children on more outings . . . . . . . . | | | | | | |
| 18. Taking children to visit with other children . | | | | | | |
| 19. Awareness of importance of early learning . . | | | | | | |
| 20. Awareness of importance of parent behavior . . | | | | | | |
| 21. Awareness of own role as child's teacher . . . | | | | | | |
| 22. Skills in everyday teaching techniques . | | | | | | |
| 23. Awareness of self as model | | | | | | |
| 24. Clarity of speech patterns to child . . . . . . . | | | | | | |
| 25. Drawing children's attention to reasons for things& making conections among events . . . . . . . | | | | | | |

changes in a number of areas, from specific needs to family awareness of their own achievements. In Alaska, a family progress checklist was lodged in Westeen Holmes' head. Her checking was done very informally at parent meetings and social gatherings where she spoke with families about the changes in their lives and their wishes for the future. Finally, San Diego staff kept a lookout for signs that their families were ready to leave the program. Director Allana Elovson firmly believed that once a family's survival needs were met and parents had learned how to work with their children they were no longer "Home Start material" and should move on to make space for other families in need of her program's services.

The last consideration in long-range planning, for Home Start programs as well as those dependent on outside income, is the prospect of loss of funding. Although Home Start was clearly defined as a three-year demonstration project scheduled to end in mid-1975, several programs undoubtedly felt the possibility of continuing federal support existed and were disappointed when refunding did not take place. All Home Start programs in their final year concentrated on getting families to a self-sufficient state so they could deal with their own needs successfully. "You have to be conscious of the fact that the program may cease to exist and you have to develop something that can continue after you've gone," advised Tennessee Director Frank Skinnell. Further, whether your program continues or not, families will be leaving throughout your program's life, and this fact must be built into planning and recruitment strategies. "What you have to do," Frank continued, "is build a program that teaches your families to be self-dependent." Home Start staff did this various ways at each location: some Visitors walked through the social-service process with their parents so the next time they'd feel comfortable about handling the contact themselves. Several programs compiled Resource Guides to leave with families listing all the local services available and even, in Nevada's case, whom to call within each agency for assistance. Their best legacy, Home Start staff agreed, was the confidence and skills they passed along to parents in the business of teaching their own children. They hoped these skills--and the habit of teaching--would continue to help the program's focal children during their school years and would be used for the benefit of future children in Home Start families.

# CHAPTER 6

# PLANNING ISSUES FOR HOME-BASED PROGRAMS

What's in this Chapter:

- Program Goals and Local Demand for Child Development Programs
- Program Organization and Mix of Families
- Resources
- Conversion of Head Start
- Costs and Financial Management

The previous chapters have described how different Home Start programs defined "home-based", and how staff in these 16 programs went about managing, developing, and evaluating their work with families. This chapter is devoted to the major issues you'll need to consider in planning, either for a new home-based program, or a converted Head Start project. To complement planning issues, a discussion of Home Start cost completes the chapter.

Each planning issue addresses a number of questions. For example:

- Program Goals and Local Demand: What do you want to do? What are particular interests and capabilities of your staff? How do your interests match local preferences for child or family programs? How many preschool children and families are there in your community? How are they currently being served? How do you know what parents prefer? How did Home Start programs combine their local goals with National Home Start guidelines?
- Program Organization and Mix of Families: Aside from Head Start guidelines, will you use other eligibility criteria? For age of children? For family location? For special needs? How can you tailor your program for families with different child care needs?

- Resources: What non-Head Start resources will you need? What will new programs need to consider in terms of space, staff, budget, transportation, and community services? What is the real value of donated services?

- Conversion of Head Start: How will you mix center- and home-based services? How do you prepare and parents? What training is necessary?

- Costs of Home Start: How were Home Start funds allocated in programs of different sizes? What staff and resources are necessary for a minimal program?

Experienced planners will see these questions as the outline for a feasibility study: for Head Start staff, they're reminiscent of the kinds of issues these programs must address in their annual applications for refunding. HEW's Office of Child Development instituted performance standards several years ago to ensure that all Head Start programs were offering the same level of service to children and parents. In 1973, about a year after Home Start got underway, the Head Start performance standards were amended to allow each local Head Start to choose among several program options in addition to the standard five-day, center-based model. Known as the Innovation and Improvement (I & I) option, this amendment included the choice of full- or part-time home visiting services, a choice to be determined by each program's goals, resources, and the preferences and characteristics of local families. While Head Start programs were encouraged to consider different ways to provide service, two constraints were applied: funding levels would remain constant, and performance standards, with minor modification for home-based exigencies, would remain in force.

Home Start did not precisely fit into the "I and I" category in 1972, when it got underway; first, because it was part of a national research and demonstration project; next, because for three years its funding was separate from Head Start's; and finally, because some Home Start programs operated independently with no Head Start affiliation. Arkansas Home Start, however, merged with its local Head Start program even before its demonstration funding expired; they were among over 200 other Head Start programs which had adopted some new "I and I" variation by 1975, according to the Office of Child Development.

Although Home Start was not, strictly speaking, an expression of the "I and I" option in all sites, its experience in planning is of some value to Head Start projects wrestling with "I and I" considerations. Home Start programs tried to meet Head Start performance standards, according to their guidelines, and all but four of the 16 Home Start programs had some association with local Head Start systems. Moreover, a significant number of Home Start staff were former Head Start teachers and administrators. While each local Home Start program had considerable latitude in deciding how staff would provide Head Start-type services in the home, most Directors agreed that adding the home-based option to a center-based program means taking a look at some very basic issues from a new perspective.

## PROGRAM GOALS AND LOCAL DEMAND FOR CHILD DEVELOPMENT PROGRAMS

Two distinct but closely related planning tasks come first: identifying your own goals for the new program, and gathering information about community families to assess local preferences for different child care services. Obviously, the more closely these two are tied, the greater your responsiveness to local needs, and the greater likelihood you'll develop a continuing "customer" population. Consequently, and very important, you will be more able to prove the need for the services you propose--a must for new or continued funding.

### Demand

Finding out what families want and need for their children in your community is often called, more or less informally, a demand study.[1] Your demand survey should include all local agencies that serve children in any way--day-care centers, nursery schools, family day care, all health services, all programs that visit families in their homes. Are waiting lists long for these operations? How many children are not being served? Next, assuming you'll have federal poverty-level guidelines or a similar criterion for family eligibility, what's the unemployment figure in your community? How many families are receiving public assistance of some kind? Check your local federal and state welfare offices and other programs concerned with the disadvantaged to gauge the need. Census statistics can give 1970 figures on poverty-level families and their children as well as the birthrate.

Your assessment should help you develop an idea about which families are using what services. For instance, many families using center programs are headed by single parents who work at least part-time: the combined income of two working parents usually makes families ineligible for programs with income restrictions. An indication of the demand for center programs is the sheer number of operating centers, the volume of family day care, the length of the waiting lists for such programs, and the general climate of employment opportunity in your area. Bear in mind, however, that the length of a waiting list alone doesn't tell you much about parent preferences for center- or home-based services. Moreover, waiting lists aren't likely to include people too isolated to consider a center-based program or those who feel children should be kept at home. Demand studies can't identify in advance potentially interested parents, particularly in areas where no home visiting program has existed. You may have to rely, at least partially, on some informal needs assessment, asking parents which type of service they prefer and why. To make this assessment realistic will probably involve searching out some isolated families who won't come to *you* with their preferences. Finally, as you're studying demand, Home Start staff emphasized the importance of introducing your program to supplement--not supplant existing child care programs.

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[1] Procedures and data sources for community and state-wide demand studies of child care services are comprehensively described in Report of the Massachusetts Early Education Project (1972), Office for Children, State of Massachusetts, Boston, Massachusetts.

### Goals

Actually planning what you want to do may be more difficult than you think--especially if you've been operating with a set of formal goals and guidelines like Head Start's. Thinking about different program structures means considering established services in a new light--or means seeking out new types of families and children altogether. Home Start staff said that their planning led them to new goals for both parents and for children. For children, some programs gave the following goals for expanding traditional center-based programs:

- more individualized time with one or two young children in a particular family;
- more emphasis on the needs of the entire family rather than those of a single child enrolled in a center;
- service for families who feel preschoolers should receive formative education at home, from their parents rather than with "strangers" in a center.

Others, as the National Home Start mandate required, focused primary concern on working more closely with parents. Like Head Start, Home Start set up parent groups for advice and policy-making as well as for social or educational purposes. At least two programs, Arkansas and Alaska, seem to have done rather well at this. When Arkansas Home Start was merged with Head Start programs in the Arkansas River Valley area, parents in some locations chose mixed center- and home-based services, and staff reported the following improvements in their program as a result of this conversion:

- stronger parent program;
- more awareness of Head Start parents about their own roles and the importance of the home in a child's education;
- increased participation and leadership by parents in center activities;
- better utilization of community resources by center staff.

When the two programs were combined in Fairbanks, Alaska, Head Start center staff reported they were more conscious of the importance of the home and parents in children's development, and they began developing closer relationships with parents instead of leaving most of this contact to a Parent Coordinator.

In addition to meeting performance standards and the mandates of the demonstration outlined by Home Start's national office, each local program had its own goals for service, and these priorities were a reflection of local needs. In Arizona, staff wanted to reach isolated Navajo families who were so limited by lack of transportation that they were unable even to apply to Head Start. Tennessee Home Start wanted to provide much-needed socialization opportunities for isolated children and help parents use their television sets to stimulate parent-child learning activities. Cleveland's staff wanted to help their urban families locate and learn to use the social services they needed to maintain at least a minimum standard of living. Another program made no bones about its priorities: the first year was devoted to securing health and dental exams, medical treatment and health information for all families. When that was accomplished, staff were ready to spend more time on preschool education.

Re-examination of your program's present goals may lead you in new directions. In Kansas Home Start, the interest of staff at a local speech and hearing clinic focused program attention on better-than-usual screening for problems in this area. Tests revealed several children with problems which could be treated jointly by a professional therapist working with both the parent and Home Visitor. Kansas staff found themselves developing real capability in perceiving possible problems and developing activities for supporting remedial treatment. Other programs said they would tailor new programs to provide such services as:

- assistance and information for families who have a child with special needs;
- help for families newly arrived from other countries who want to retain their cultural identity but also need to be able to get along in the Anglo world;
- self-help education for families who want to escape the welfare cycle;
- support and concrete help for families temporarily in crisis due to financial, medical, marital, child abuse and similar problems;
- development of the program as a community operation by use of non-professional but trained staff members who want to help others and gain experience.

These are a few considerations, but there are many others you may want to explore. While you're defining your interests, make sure you've covered local welfare and child welfare agencies, the public health department, day care and any other preschool programs--anyone who might have part-time or special home-visiting projects. If your goals are compatible, you might want to work with one of these agencies. For instance, the local welfare department may be interested in helping fund a home-visiting program for AFDC families or for parents of neglected or abused children being served by Protective Services. In the same way, the local health agency may want to work with you to improve parental knowledge of preventive health care in the home and the resources available in their communities.

The fact is that center-based and home-based programs are natural allies for a variety of different program goals.

Center-based care serves the needs of working parents and those whose interests or inclinations take them out of the home. It also offers opportunities for socialization. Home-based services can fulfill the needs of isolated children for whom a center program, for logistical reasons (transportation, special needs) isn't possible, and of unemployed parents or those who prefer to stay home with their children. Taken together, the two child development concepts can supplement and enhance each other. Each has its own demand and focus, but both are concerned with the well-being of preschoolers and their families.

## PROGRAM ORGANIZATION AND MIX OF FAMILIES

Like the interdependence of goals and local demand, the organization of your program will be closely connected with the kinds of families you choose to serve. Head Start's guidelines identify eligible families as those whose incomes are at or below the federally determined "poverty line"; families with children between three and five years old who aren't yet enrolled in kindergarten. Most child-care programs with federal or state funding have similar constraints regarding who can be served, but these guidelines only suggest where to start in your planning, and even Head Start programs are allowed to enroll some "over-income" families when they have special needs. So if you're already operating within an eligibility guideline, your real question will be, "Who else can we serve?"

For example, do you want a mix of incomes? Most Home Start programs found a mix of families salutary where this was a possibility. One Director was particularly insistent that families of different incomes be included in future programs to avoid stigmatizing all program participants as "very poor" or "disadvantaged". Other Directors admitted, however, that without income guidelines, they would not have had to seek out potentially eligible people and would have missed many families who needed their programs.

Will you try to reach different ethnic groups? Both urban and rural families? If you're located in a city, what about people living in the fringes of your metropolitan area; if you're suburban or situated in a town, how about serving families out in the country? West Virginia Home Start operated in the same counties where Head Start centers were located, but it reached out to families who were unable to get their children to those centers because their homes weren't on Head Start's bus route and they had no cars. Isolation isn't only a rural phenomenon. Many city-dwellers are effectively cut off from friends, shops, services, even transportation by their locations. Ghettoes aren't restricted to cities either. "Some of our mothers who feel most isolated live on the Army base outside town," one Alaskan Home Visitor observed. San Diego furnishes another example. This beautiful city is a conglomeration of strongly ethnic communities of Filipino, Samoan, Japanese, Chicano, Chinese, Black, and other residents. Sheltered by the language and customs of their homelands, many people--and women in particular--seldom venture beyond their community borders.

If you're considering serving people not previously involved in programs of any kind, it's important to find out what local attitudes are about visitors to the home and participation in activities outside the home or neighborhood. In Chicano homes, and in some Japanese and Appalachian households, women may not be allowed by their husbands or fathers to meet with men or program staff during the day; even women Visitors may be accepted only gradually. Sometimes a spouse will agree to his wife's participation only to the extent of home visits; activities taking her out of the home are forbidden.

There's no way to predict how various groups will get along with each other. Some Home Start programs serving two distinct ethnic groups found that although each group formed strong ties among members, little mixing for combined program activities occurred. Elsewhere, the very diversity of backgrounds became the basis for a single group spirit, a we're-all-in-this-together attitude that allowed for sharing of traditions for the benefit of all.

How long families stay in your program (see also Chapter 4, Working with Families) will be related to your goals. Home Start staff generally felt that ideally, supportive programs like theirs should be available to all parents with young children, but most agreed that limits on funding dictated some equitable way of spreading resources among families and a time limit--with flexibility for those who need it--serves this purpose. According to some Directors, it took two years for Visitors to establish good rapport with families and for families to become significantly involved in group activities and in personal change. Other Directors believed a Visitor should be able to transfer her skills to parents within a year. By stipulating a minimum age limit of three years for Home Start children, the program was, in effect, aiming for a two-year experience for families. As it turned out, only one-third of the program's families remained in Home Start for a full two years. The most common reasons for families leaving, other than moving from the area, were to allow children to enter kindergarten, the first grade, Head Start, or other day-care arrangements. Particularly in cities, turnover was often the result of parents choosing other child-care arrangements because more such options were available in urban areas. How long families stay in your program has important implications both for costs and how many families can be served. These issues will be discussed in the last part of this chapter.

What ages of children will you serve? Will you be able to help everyone in the family, or will you focus your resources and attention on one or two children? Home Start's guidelines designated the three-to-five age group as "focal" children: program funds went first for their needs in such areas as health exams and immunizations, special health and emotional problems, and dental exams and treatment. Only when focal children had been treated could funds be used to help brothers and sisters with medical problems. While some staff found these guidelines restrictive (one Director felt there should have been provision for all family members), people at other sites pointed out that the stipulation helped them keep the needs of their primary group in focus. Moreover, these staff members felt that others in the family often had problems Home Start was not as well-equipped to deal with.

By choosing a specific age group to work with, you can reduce overlapping of services and competition with other early childhood programs. Massachusetts Home Start, to avoid competition with local Head Start programs targeted for four-year-olds, elected to limit its outreach efforts to families with three-year-olds unless a family preferred a home-based to a center-based format.

Even within its three-to-five-year-old limit, Home Start managed to serve other family members in the interest of the whole family. Visitors regularly dispensed information and support to teenagers and in-laws, for example, and went beyond their job descriptions in hundreds of instances--for the newborn, for the elderly, for the bedridden--simply because they were caring people. And although Home Start did not try to reach handicapped children as a group, all programs served families with children who needed special help and often as not, those children were focal children.

### How can program organization reflect your goals and family preferences?

In converting from an entirely center-based operation, your most likely alternatives will be a mix of home- and center-oriented activities, or an entirely home-based effort. In fact, since Home Start programs almost all included classroom or regular group meetings for children, few of these projects could be called exclusively home-based. A completely home-based program probably makes most sense in areas where families are widely scattered; yet Home Start programs felt such isolation of families was a powerful incentive to arrange group meetings of some kind for parents and children. It is possible for a large center to provide strictly home-based services for some families and strictly center-based activities for others. A more common approach by Head Start programs has been to provide each family with a little of both types of services in one or all areas formerly served by centers alone. Organization and operation of such a mixed-service model is complex, but may be the best option for diverse community needs. A combination program offers a hidden asset: parents who feel children only really learn from professionals using special materials may discover they themselves have all the talent and tools needed at home, and parents who believe children should not attend classes until school-age may decide that their youngsters can benefit from group sessions with their peers.

Individual Home Starts worked out their own mixes of service. In Reno, after one year of home-based participation, families could choose to enroll their four-year-olds in a year-long center program before they entered kindergarten. In the lower Rio Grande Valley, the Texas Migrant Council's Home Start program tailored its service mix to the needs of transient migrant workers. During the summer, when families followed the crops north, Visitors became Head Start teachers and worked in northern centers with their families. For the remaining eight months of the year, Home Start operated as a home-visiting project just like its counterparts in the rest of the country. In Arkansas, Head Start and Home Start were really combined programs from the beginning, but at first the combination was primarily in the administrative sphere. The decision by central staff to adopt an I & I option and convert some centers to mixed-service programs was not only a move toward more control by parents, but also an attempt to solve one center's chronic underenrollment and lagging attendance. When two centers converted to a half-center, half-home format, parents began helping out with renewed interest ("We have volunteers out our ears," one staffer remarked) and attendance stabilized. Because families no longer had to cope every day with difficult transportation arrangements, they were better able to get their children to the center when classes were scheduled. Alaska Home Start also noticed mutual benefits when its Head Start affiliate opted to combine the two programs under the I & I clause, benefits in parent and staff attitudes about their roles.

Having parents decide whether they want a center- or home-based option, or a mix of the two, isn't as easy as it sounds, nor is it realistic to expect that policy councils or advisory boards can make such decisions without background and preparation. Both Arkansas and Alaska Home Start staff stress the need for basic education first. "People have to understand thoroughly the idea of home-based education before they ever say yes or no to sponsoring or adopting it," insisted Alaska's Coordinator. A discussion of Head Start conversion is presented in this chapter.

## RESOURCES

This issue is not as critical for existing Head Start or other child-care operations already established in the community, since these programs will most likely have developed relationships with local agencies, will have assembled a staff, will have office and center space, and may even own buses or vans. New programs, however, must determine whether their communities offer the kinds of support which staff and Visitors will need to work effectively with families. Home Start's experience is helpful here, too, since at four sites programs were not affiliated with Head Start and had to make their own arrangements.

In addition to transportation logistics (will Visitors drive their own cars and be reimbursed?), space (where will staff store materials, do their planning, use the telephone?), and funding (see Sponsors, below), new programs can use the legwork involved in their demand surveys to assess the availability and quality of community services. Don't overlook anyone who might be able to lend a hand--for example, local colleges and universities can help train your staff in exchange for placing graduate students or interns with you on a work/study basis. The demand survey can tell you what other programs are doing or planning, and it can also put you in touch with people who either know their way around the home-visiting concept or have special expertise to offer.

Home Start programs most often used these local services:

- Health clinics or private physicians who provided physical exams, immunizations and treatment;
- Speech and hearing clinics for checkups and treatment;
- Dentists for dental exams, treatment, fluoride treatments and dental hygiene kits;
- Departments of Welfare or Social Services for public assistance, food stamps, housing and Aid to Families with Dependent Children;
- Mental Health Departments or clinics for diagnosis and counseling.

Additional help came from:

- Visiting nutrition aides who provided assistance with special diets in some programs and with general training for families in others;
- Crippled Children's Association for screening and assistance to children with special needs;

- Podiatry clinic where child and adult foot problems were treated and a conscientious doctor referred other problems, detected in his examinations, to other health agencies;
- Special agencies: Tribal Councils on the Navajo Reservation; Alaskan Native Services; Texas Migrant Council;
- Individual merchants who helped with orders for educational materials and supplies or donated clothing, furniture and other items for Home Start use;
- Colleges and universities with departments of early childhood education, adult education, public health, dentistry, and so on, which donated staff, training and services;
- Job training and adult education programs;
- Legal Aid and individual lawyers for divorce, child support, consumer complaints;
- Alcoholics Anonymous, Al-Anon and drug abuse programs for support and counseling;
- Veteran's Administration and Vocational Rehabilitation for benefits, training, and support programs.

Just as important as determining whether a suitable range of these services exists in your area is finding out before the fact whether these people will work with you. Don't blithely assume cooperation, particularly from professionals in private practice. Sound them out and lobby for reduced rates or a special group fee for your program's families. Failure to make sound agreements beforehand, as staff pointed out in Chapter 4, can set you back considerably. If, in assessing your local services, you draw a blank in one or two areas, don't automatically decide you can't offer a home-based program. Instead, do more cajoling to get cooperation, go farther afield, or tailor your goals to the reality of your local situation. It's better to do some things well than to try to do too much and do it badly.

## The Sponsor as Resource

Entirely new operations may not be able to embark on any program without enlisting a sponsor's help and financial base. Many federal and state funding agreements stipulate that a sponsor must be secured to ensure accountability. Important as they were in supplying staff and resources to Home Start projects, sponsors varied widely in the amount of influence they exerted on day-to-day program activities. Moreover, individual programs had very different sponsors and they tended to use sponsor resources in different ways. Among Home Start programs not closely affiliated with Head Start, sponsors were varied; they included a child welfare service (Kansas), an economic opportunity program (California and West Virginia), a religious organization (New York), a multi-purpose human service agency (Ohio), and an educational cooperative (Tennessee).

Tennessee's sponsor, the Clinch-Powell Educational Cooperative, provided specialized staff for curriculum support; teaching staff for the program's mobile van; staff training expertise; administrative personnel; bookkeeping services; and printing and duplicating services. The Kansas Children's Service League offered its program office space; staff training expertise; bookkeeping services; and space for children and parent group meetings. In West Virginia, the West Central West Virginia Community Action Agency provided central and local county office space; administrative supervision at the county level; bookkeeping and personnel service; and a variety of Agency programs in which Home Start families could participate.

What's especially important about the kinds of resources sponsors can provide is the savings they represent. Since three-quarters of the real cost of child-care programs like Home Start is spent on salaries, contributions of staff or reduced fees for staff services mean significant savings or increased services in this expensive category. Home Start programs closely affiliated with Head Start found the latter to be an invaluable resource for specialist staff, whose services were often donated for Home Start use. Sponsors other than Head Start were helpful in providing principally space and administrative staff services.

Sponsors also provided staff services and often had their own contracts for services with mental health centers, public housing authorities, local businesses, and other service agencies and this saved significant staff time in setting up working relationships. When Home Start programs needed to make their own arrangements with local agencies, staff consistently found that the reputation of the sponsor--or a dynamic person working for the sponsor--could make things happen faster. "It was easier for us to get health services at a reduced rate," allowed Alabama's Paulette Spicer, "because clinics knew both Head Start and the Community Action people. We still had to work at it, but the agency was a real help."

Counting sponsor contributions plus the resources used by programs affiliated with Head Start systems, local Home Start programs received about 20 percent of their budgets in in-kind contributions.[1] Averaged over all 16 sites, this represented approximately $276 per family and included clothing, food, books and supplies, space, free transportation, medical and dental exams, lectures and workshops, adult education classes and similar services. Some programs were able to wangle more in-kind help than others, and the amount wasn't solely the result of a Head Start affiliation. In North Carolina, where Home Start shared some resources with Head Start, local contributions amounted to $127 per family; in Alaska, where sharing between Head Start and Home Start was extensive, community contributions totalled a hefty $719 per family, although some of this difference is due to the exceptionally high cost of living in Alaska.

Not all valuable contributions will be local ones. For Home Start programs, Regional OCD representatives and Regional and State Training Officers offered support and advice in some cases and in others were able to direct staff to training programs and consultants. At the close of Home Start's three-year demonstration term, six national training centers for the home-based concept were funded through HEW's Office of Child Development and a combination of federal, regional, and local sources. These centers offer a good variety of services, including staff training in home-visiting techniques, curriculum development assistance, and training in administration and management of home-based programs. Five of these six training centers are former Home Start programs in Arkansas, Nevada, Tennessee, Utah and West Virginia. The sixth is the Portage Project in Wisconsin. (See Appendix A)

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[1] See Donated Goods and Services, pages 6-36.

For new programs, then, the range of services offered by your community and your sponsor, and the way you negotiate and use those services, can have important cost implications.

## CONVERSION OF HEAD START

In addition to the planning issues above, administrators of dual programs stressed the importance of laying groundwork with other staff (existing Head Start teachers and aides, for example) and parents. Including everyone in the first orientation to a new program is fully as important as preparing specific staff members for new responsibilities.

### Parent and Staff Attitudes

Whatever your reasons for considering a home-based or a mixed-services approach, you'll be miles ahead in the long run if you let staff and parents know from the beginning what you're proposing, why, and how it will work. Both groups have a vested interest in organizational changes and deserve consultation, not a command decision. What they need most is information about what a home visiting program means. Alaska Coordinator Westeen Holmes believes a program's very first act should be training its policy board to understand what a home-based program does. If board members aren't familiar with the concept, they can't give any direction or help with planning, let alone implementation. Arkansas staff used a slide presentation to show policy council members the benefits of home visiting and how this approach may be better suited to the needs of some communities. With understanding and support from key parents, you'll have a better chance of presenting this option to families familiar only with the services a center provides. "One of the most difficult things when you convert from a center to a home-based approach is to try to convince the handful of parents who resist the change," said Arkansas Director JoAnn Braddy. If most parents decide they want services in their homes, you may have to do a selling job with the remainder: Visitors and parents from other programs already in operation can be very helpful here.

Home Start's Directors also stressed the need to inform, early on, not only Head Start teachers but other Head Start staff in centers that will be affected and even those that won't. When Home Start came into local communities in 1972, some Head Start workers felt threatened by the new program. Would it expand? Would there still be a center-based program? Would new staff replace them? Elsewhere, Head Start staff were cooperative but didn't understand fully how Visitors worked, and made unrealistic demands. In one program, Visitors were asked to pick up Head Start children in the morning and drop them at their centers; Head Start staff were unaware that the first hour in the morning was the only time Visitors had to plan visits and catch up on record-keeping. At other sites, Head Start staff weren't hostile, but because no one involved them in the new program, chances for mutual support were lost. Anxiety among Head Start staff was difficult to overcome where the two programs were viewed as separate entities.

Receptivity to the home-based approach can be simply a matter of time; this was particularly true when Head Start and Home Start staff were able to spend a good deal of time together. Skeptical at first, Head Start personnel in Arkansas were soon proponents of the home-based approach. Said JoAnn Braddy, "People working closely with Home Start brought so much enthusiasm to the Head Start meetings. They talked about accomplishments, field trips they'd taken, materials they'd used, and the extent to which parents were involved in program activities."

## Staff Allocation

Staffing arrangements differed tremendously in the 11 Home Start projects sponsored by Head Starts. The Arkansas, Nevada and Utah programs planned Home Start so that virtually all of the management, administrative and specialized staff had joint responsibility for the two programs. In all three, Head Start and Home Start were under the direction of one person. "The interdependency made both programs stronger," Utah Director Sheri Noble commented. In such cases, too, Home Start was able to get off the ground sooner and begin delivering services because support staff already had contacts and expertise.

Home Start's $100,000 yearly federal grant to each program allowed joint projects to hire additional staff for the use of both Head Start and Home Start, specialists neither might have been able to afford on their own. In spite of staff additions, however, many core Head Start people had to double up on their duties when the Home Start grant was obtained and for some there was a slight shift in the nature of their responsibilities. Arkansas' Social Service/Parent Involvement Coordinator for Head Start became Assistant Director for Home Start and directly supervised the latter program while her former duties were handled by a Family Education Specialist (who, incidentally, developed curriculum for Home Start as well). Head Start's nutritionist and nurse also assumed dual roles. "It takes an energetic staff to pull it off," Director JoAnn Braddy noted. In another interesting form of sharing, the Arkansas program made two part-time staff members responsible for supervising Visitors in the field. When they weren't being supervisors, these women were both Directors (part-time) of Head Start centers.

Some Home Start programs operated entirely on their own, preferring, as in the case of Houston, to hire their own nurse rather than use the part-time services of Head Start's nurse. This is a luxury most Head Start programs, in the I & I context, can't afford, since innovative options do not receive extra funding as a rule. Shared staff and refocusing of staff roles is a logical and workable solution.

Another consideration in conversion is the mix of activities you'll offer, since the format affects staff allocation. In Alaska, with the combining of Head Start and Home Start, the overall program settled on a mixture of activities. Visitors work part of the week in homes and spend the rest of the time as teachers or aides in the center's classrooms. An outline of Alaska's approach to combining services is provided by the I & I recommendations staff developed in 1975.

> The Head Start/Home Start program must be adapted to the cycle of life imposed on the residents of Interior Alaska by the weather and climate of the area. The program should, to retain effective contact with, and service to, the very migratory families of the area, operate year-round. For example, center-bound classroom activities should be limited to 170 days a year (as against the 185 days currently operated) with appropriate provision for closure of the center during emergency periods of extreme cold, excessive snow or air pollution/ice fog danger in the months from November to March.

A voluntary or partially funded summer program of home visits, field trips, picnics, gardening and other family centered activity should be carried on during the summer, building on the experiences of the program conducted by Lesley Lyman during the summer of 1973. At the very least, an office should be maintained and one or two Home Start/Head Start staff (paid or volunteers) scheduled to keep in touch with Head Start/Home Start families, local agencies and interested community groups. Referrals would continue to be made and accepted, preparations made for more activities. An intensive publicity and recruitment campaign (as in 1973) should commence in August. Screening for medical, dental, speech, hearing and other related program components should begin as soon as the cooperation of other agencies can be arranged. Classroom staff should be scheduled to begin their activities in September, with preliminary home visits scheduled in advance of classroom activities.

On all-day care, that Head Start training and assistance be offered those providing after-school care for Head Start/Home Start children; that present or past Head Start/Home Start parents interested in providing day care be given priority in such training on infant care; that the Infant in Home Program be reviewed as part of the training of Head Start/Home Start staff and that the Home Visitors, Head Start Teachers, Parent Activity Co-ordinator, and Health Director assist Head Start/Home Start parents with young children and those expecting, to prepare for and to care for children 0-3 years, even though these children cannot be enrolled under current guidelines. The Board should request permission to enroll a limited number (under ten) of families with children in this age range.

Selected from the planning document: "Planning for Improvement and Innovation, Greater Fairbanks Head Start Association, 1975"

If you plan on strictly home-based activities, how many staff will you need and will center staff be able to undertake home visiting? In Home Start, Visitors called on families about once a week for an average 90-minute session and served between nine and 13 families each. The number of Visitors you need will depend on how many families you can afford to serve. If you increase the number of families served significantly, say to 15 or 18 per Visitor, you risk serious reduction of the amount of time Visitors will be working with each family and the attention parents and children need. On the other hand, Home Start's evaluation indicated that reducing the number of families served below nine did not result in increased effectiveness for the Visitor.

For Visitors, a combined center/home set-up, with children attending a center two days a week and one home visit scheduled, will mean that Visitors can serve approximately half the families they could handle in a strictly home-based approach. For two days a week they would act as teachers, for two days they'd be Visitors, and the remaining day would be set aside for planning, in-service training, staff meetings and the like. An alternative would be separate staff for each component, an option for a large program with families rotating services at home and at the center. Staff communication would be essential here, however, to make sure the two groups were pulling together and agreed on problems, progress, and strategies for meeting needs. Alabama had separate staff for children's group activities and home visits, and this program arranged for weekly staff consultations. Visitors also frequently monitored classroom activities to see how children got along with their peers.

## Staff Training

Converting may mean reorientation for center staff interested in becoming Visitors or working with parents in another capacity. Some of your personnel may have a gift for working directly with children but little rapport with parents. Staff used to dealing only with child development will need the equivalent of Home Start pre-service training (described in the previous chapter) to gain skills in health, nutrition and social service areas. Sometimes experience is the only way to determine whether a center staff member can make the shift. One Arkansas Visitor, who'd worked in a Head Start center before joining Home Start, started out with the belief that Head Start "was the only thing for preschool children." Home Start changed her mind, she said, "because right in the home it can be done just as well." In the beginning, she focused most of her attention on the child, modeling the teaching role, but in time, she re-directed her attention. "I had to really work through the mother and let her in turn work with the child. That'll have a lasting effect," she pointed out.

## COSTS AND FINANCIAL MANAGEMENT

Home Start programs were as diverse in their budget allocations as they were in every other aspect of their operations depending on the size of the program, available services and resources and similar variables. In determining potential costs, new and converting operations are faced with a quandary not unlike the chicken-and-the-egg conundrum: you can't figure costs until you make some basic decisions about operations, but the scope of the program is dependent on the amount of funding available. Because the Home Start evaluation study was not concerned with conversion per se, the financial data here represent the costs incurred in a totally home-based program. However, these figures--for a core program, varying costs, and donated resources--will shed some light on the conversion question.

## Cost-Related Issues and Terms

The issues discussed below have a direct effect on the cost of operating a home-based or a combination center- and home-based program in terms of the yearly budget and the per-family cost.

### For what part of the year will your program operate?

Some Home Start programs visited families year-round and others ran on the school-year schedule, visiting from September to May or June and closing for the summer, using a skeleton staff in the central office but reducing services to families for the three-month period. Limiting operations either partially or totally over the summer can reduce costs as much as 25 per cent.

### How long will families stay in the program?

As discussed earlier in this chapter, some Home Start programs expected families to be with them for one year; the majority saw Home Start as a two-year experience. Home Start's evaluation study indicated that families made only minimal gains in the second year, so this policy is questionable at the moment. Serving families for one year would not mean a savings in terms of annual budget but it would, in the long run, allow a program to serve more families.

### How many families will each Home Visitor serve?

Most Visitors in Home Start served between 7 and 15 families. Evaluation results indicate that the most efficient caseload, in terms of services rendered, is between 9 and 13. Fewer families per Visitor does not result in increased child or family progress; Visitors working with more than 13 families were unable to spend sufficient time with each group and gains decreased. These formal results should be balanced against the opinion of several Directors who felt Visitors budgeted their time best and worked most effectively when they were serving as many as 16 families. The trade-off is obvious: fewer families per Visitor (above 9) raises the cost of service per family but gives each family adequate time with their Visitor.

### What will be the focus of your program?

Program goals will also affect your budget by influencing the number and type of specialists you need. While it's possible to run a home-based program with only a Director, a Secretary/Bookkeeper and a corps of Visitors, many programs spent some of their funds for education, health, nutrition, or social-service specialists. Hiring specialists may mean you cut back in other areas (hiring fewer Visitors, for instance), but on the other hand, specialists can enrich a family's experience in your program and they're an important resource for Visitors. Remember in your planning to exploit the expertise of all staff and specialists already on-board: often, health specialists can handle nutrition as well and free your funds for education or speech professionals.

Will you be concerned with salary equity in relation to Head Start and the public school system? Considering the work they performed and the hours they put in, Visitors in Home Start were underpaid at every site with salaries ranging from $3900 to $7800. This was partly because planners saw their roles as equivalent to those of Head Start Aides and classroom aides in public schools who are traditionally at the lower end of the salary scale. In fact, however, Visitors bore substantial responsibilities in a variety of areas and were often forced to take better-paying positions elsewhere. Few people can afford to work for the love of children or service alone: low salaries can mean increased costs in terms of staff turnover and training for new employees.

These issues become more complicated in the context of a combined center- and home-based program or in the case of conversion from a center operation to strictly home-based activitie For example, staff in a combined program may perform both visiting and classroom functions, and Visitors may only be able to serve six or so families each. Head Start programs usually already have specialists on board and need only determine new ways to use their expertise. On the question of how long families should stay in the program, a combined program has the option of offering families one year of visiting and one year of center activities or a weekly mix of these alternatives. All of these issues have cost implications, but for every program they're general planning considerations no matter what the format.

Before we examine actual budgets, here's an explanation of the budget items used in Home Start financial management:

Personnel: Broken down into individual staff salaries, wages for consultants (outside personnel hired for training and other specialist functions), and fringe benefits.

Travel: Includes allowances for Visitor and staff transportation within the service area and additional costs for out-of-town travel to conferences.

Space: Includes the cost of space for offices and group meetings. Also includes telephone expenses.

Consumables: Primarily office, classroom, printing and communications supplies such as stationery, paper, duplicating materials, crayons, art paper, scissors, paste, and so on. Also includes food and health supplies such as first-aid kits.

Rentals, Leases and Purchase of Equipment: The cost of furniture, fixtures, rugs, reusable games and toys (these are durable, not consumable), typewriters and so on, whether rented or purchased.

Other: Includes shipping and mailing costs and anything else not covered by the above line items.

The terms used in the following discussion are:

Per-Family Cost: The average cost of delivering service to one family for one year. This is calculated by dividing the total annual program cost by the number of program families. Although we use this concept in the discussion below, it's important not to compare Home Start per-family costs with Head Start per-child costs: Home Start delivered different services to a different constituency.

In-Kind Resources: Home Start programs relied heavily on donated goods and services. As discussed below, there are restrictions on donations viewed as in-kind for fulfilling federal matching requirements.

Regional Cost Variations: The cost of living varies throughout the country and is generally highest in the Northeast and in Alaska. Program costs will be affected by your location.

Core Costs: Those costs necessary to operate a program with minimal staff--Director, Secretary/Bookkeeper and Home Visitors.

Varying Costs: Those incurred by adding more staff and services to a core program.

## Core and Varying Costs

Discussed here will be the actual annual budgets for two Home Start programs with very different staff structures. Our examples will include both federal dollar expenditures and donated services to illustrate what these operations used in terms of total resources. Based on these real examples we can abstract more general model budgets for core and varying costs of both urban and rural programs. Remember, however, that your solutions to the issues posed earlier will determine how you adapt this information.

Kansas Home Start was an urban program with only a core staff: a Director, a Secretary/Bookkeeper and seven Home Visitors. As you can see on the budget in Figure 6-1, personnel costs comprised only 73 per cent of their dollar costs and 65 per cent of total resources. Donated professional time reflects free training provided by consultants and reduced fee services from doctors and dentists. Non-personnel costs, on the other hand, are high, particularly those for travel in an urban area where staff, families and offices are within reasonable distance of each other. One reason may be that Visitors stopped by the office several times a day to pick up materials, but even so, the figure is high and should not be considered a normal expense. In addition, Kansas Home Start changed locations during the middle of the year shown here. Before the move, the program had free space in the Community Action Program in which it was situated: this accounts for the large amount of space donated. Thereafter, Home Start had to pay for its office space. The CAP agency also provided use of office equipment: this donation, along with consumables such as food, clothing, books and educational supplies given by local church groups, stores and individuals swelled the in-kind category.

Figure 6-1

## SAMPLE BUDGETS

## (OCTOBER 1, 1973 - SEPTEMBER 30, 1974)

| KANSAS HOME START | FEDERAL MONIES | DONATED GOODS AND SERVICES | TOTAL |
|---|---|---|---|
| *PERSONNEL TOTAL* | *$ 63,312* | *$ 5,465* | *$ 68,777* |
| Director | 9,276 | | 9,276 |
| Secretary | 5,831 | | 5,831 |
| (7) Home Visitors @ 5,938 | 40,416 | | 40,416 |
| Consultants and Donated Professional Time | 1,744 | 4,665 | 6,409 |
| Donated Non-Professional Time | | 800 | 800 |
| Fringe Benefits | 6,045 | | 6,045 |
| *NON-PERSONNEL TOTAL* | *$ 23,676* | *$ 10,975* | *$ 34,651* |
| Travel (local only) | 7,280 | | 7,280 |
| Space | 6,006 | 4,332 | 10,338 |
| Consumables | 4,450 | 2,030 | 6,480 |
| Equipment | 29 | 3,930 | 3,959 |
| Other | 5,911 | 683 | 6,594 |
| *TOTAL* | *$ 86,988* | *$ 16,440* | *$ 103,428* |

Sample Budgets (continued)

| UTAH HOME START | FEDERAL MONIES | DONATED GOODS AND SERVICES | TOTAL |
|---|---|---|---|
| *PERSONNEL TOTAL* | *$ 87,368* | *$ 19,067* | *$ 106,435* |
| Director (50% Home Start, 50% Head Start) | 6,123 | | 6,123 |
| Education Coordinator (50% Home Start, 50% Head Start) | 4,270 | | 4,270 |
| Health Coordinator (worked Sept.-June) (60% Home Start, 40% Head Start) | 3,838 | | 3,838 |
| Parent/Social Service Coordinator (50% Home Start, 50% Head Start) | 4,270 | | 4,270 |
| Nutritionist (part-time) (16 hrs./wk. Home Start, some Head Start) | 2,020 | | 2,020 |
| Psychologist (part-time, 20 hrs./wk.) | 3,434 | | 3,434 |
| Social Service Aide (worked Sept.-May) (50% Home Start, 50% Head Start) | 2,457 | | 2,457 |
| Secretary | 6,870 | | 6,870 |
| (8) Home Visitors @ 5,438 | 43,504 | | 43,504 |
| Consultants and Donated Professional Time | 1,770 | 17,217 | 18,987 |
| Donated Non-Professional Time | | 1,850 | 1,850 |
| Fringe Benefits | 8,812 | | 8,812 |
| *NON-PERSONNEL TOTAL* | *$ 6,801* | *$ 3,795* | *$ 10,596* |
| Travel (local only) | 4,234 | | 4,234 |
| Space | 323 | 2,684 | 3,007 |
| Consumables | 616 | 1,111 | 1,727 |
| Equipment | 90 | | 90 |
| Other | 1,538 | | 1,538 |
| *TOTAL* | *$94,169* | *$ 22,862* | *$117,031* |

Utah Home Start presents quite a different picture. A rural program, it shared resources and staff with Head Start and was able to involve a number of part-time specialists. The Education Coordinator, Parent/Social Service Aide and Director were all shared with Head Start: only the eight Home Visitors, a Psychologist and the Secretary/Bookkeeper worked solely for Home Start. Even with this considerable saving for part-time staff, the program's personnel costs accounted for 93 percent of dollar costs and 91 percent of total resources. Non-personnel costs here were unusually low. Travel costs were low because Visitors worked out of their own homes and visited in their immediate vicinities, meeting at the central office only once a week. (For comparison, Arkansas Home Start, also a rural program, spent more than $9,000 on travel to cover its large, five-county service area.) Most of Utah's space was donated, as in the case of the program's central offices and group meeting area in an abandoned elementary school shared by Head Start and Home Start. Sharing also accounts for the relatively low figures for equipment and consumables. Notice, too, that Utah's figures for Visitors' salaries, space and consumables were lower than for Kansas, a reflection of the lower cost of living in Utah.

The dramatic range of figures in these two programs is typical of the variance in Home Start overall, but average expenditures may be of some help. Home Start's average per-family cost to the Office of Child Development for one year was $1,400. based on data from all 16 programs; since the average value for in-kind resources mustered by programs was $350. per family, a more realistic estimate of average per-family costs would be $1750. per year. The pie chart in Figure 6-2 shows that Home Starts, on the average, spent 75 percent of their total budgets on personnel costs, with the remaining 25 percent fairly evenly distributed among travel, space, consumables and equipment.

To provide more useful information for planners of home-based programs, we're presenting several model budgets on the following pages. They are not based on individual program budgets, but have been distilled from several sites. The first models are for a core staff similar to the one found in Kansas; following are budgets including varying additional costs (the costs incurred when adding more staff to a core program). Because Home Start programs were expected to serve 80 families each, these budgets are based on that figure. (We'll discuss later how serving more or fewer families affects an 80-family budget.) All these models assume full-time, non-shared staff and make no distinction between cash costs and donated resources, simply considering all resources the programs would have to obtain in some way.

In the case of core programs, we've included costs for both urban and rural operations in Figure 6-3. The Director in such a program would be responsible for all administrative matters as well as supervision of Home Visitors and assistance with curriculum planning. Four Visitors would serve 13 families while the remaining two would work with 14 each. Note that salaries and all non-personnel costs except travel are lower in the rural budget, but travel in this case is significantly higher. Costs for consumables and equipment are generally low for both because of the nature of a core program. Visitors in this set-up might have a good supply of construction paper and paint but not many expensive toys and books.

Many programs, of course, had more Visitors and specialists. Adding more staff means more budget: we've called these additional costs varying because they depend on the staffing decisions you make for your own program. If health problems in your area are particularly severe, your first priority may be a Health Coordinator rather than a Home Visitor Supervisor. If

Figure 6-2

DISTRIBUTION OF HOME START GRANT FUNDS

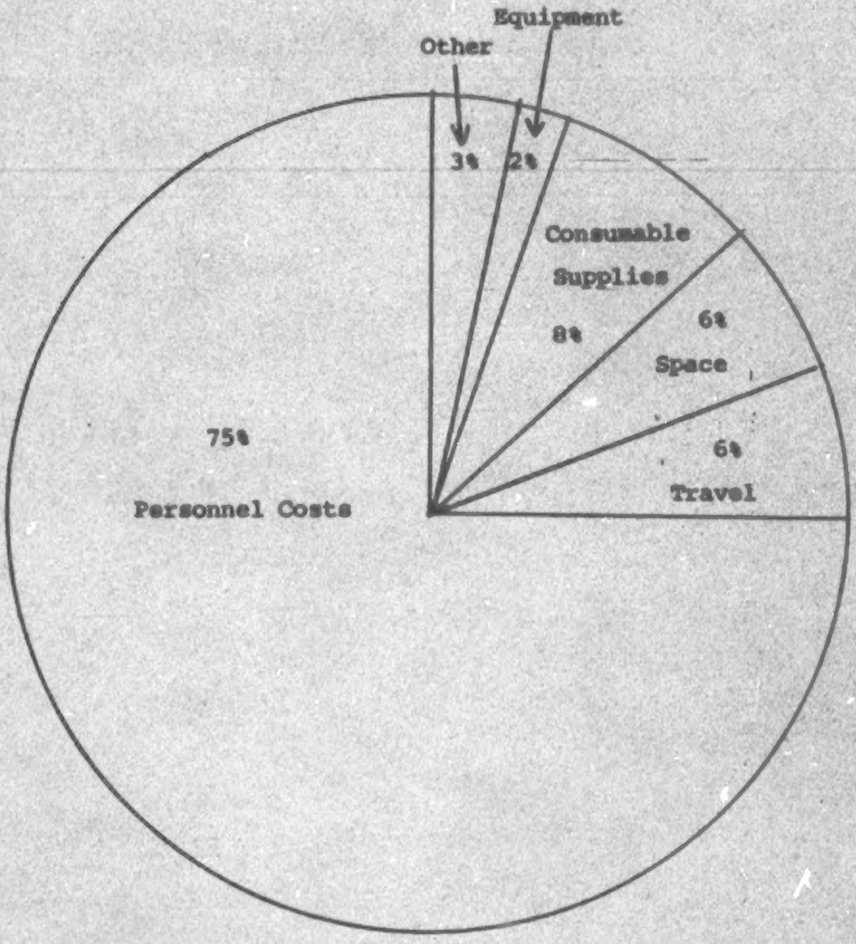

Figure 6-3

MODEL BUDGETS FOR A CORE PROGRAM FOR HOME START PROJECTS SERVING 80 FAMILIES IN AVERAGE-COST-OF-LIVING URBAN AND RURAL AREAS

| | Urban Area | | Rural Area | |
|---|---|---|---|---|
| *PERSONNEL TOTAL* | | *$61,375* | | *$57,246* |
| (6) Home Visitors | @ 6136 | 36,816 | @ 5732 | 34,392 |
| (1) Director | | 11,453 | | 10,651 |
| (1) Secretary/Bookkeeper | | 7,526 | | 6,999 |
| Fringe Benefits | | 5,580 | | 5,204 |
| *NON-PERSONNEL TOTAL* | | *$13,684* | | *$13,684* |
| Space | | 2,500 | | 2,284 |
| Travel | | 5,184 | | 6,989 |
| Consumables | | 3,750 | | 2,401 |
| Equipment | | 750 | | 637 |
| Other | | 1,500 | | 1,373 |
| *TOTAL* | | *$75,059* | | *$70,930* |
| COST PER FAMILY | | $ 938 | | $ 887 |

you feel Visitors should serve fewer than 13 families, your priority will be the addition of more visiting staff. Remember, however, that when you add staff, non-personnel costs also rise. Additional Visitors, for example, will affect travel costs directly while more specialists will need more central office space as well as travel allowances. Increased non-personnel costs in this budget are based not only on additional staff but also on the premise that the program offers increased services in several areas. Visitors would have more elaborate toys for their education activities and the higher travel budget would allow more field trips.

The two budgets in Figure 6-4 illustrate how personnel and non-personnel costs rise with the addition of more staff. They also include some expenditures for paid consultants to help with staff training or provide medical and dental services for children. In the urban budget, the addition of two Visitors, a Nurse/Nutritionist, a Supervisor and some paid consulting time increased personnel costs by 66 percent and non-personnel costs by 52 percent.

The per-family costs included in these model budgets indicate the average cost of serving each family for a year. Decisions to serve more or fewer than the 80 families we've used will mostly affect the per-family, not the overall program, cost. Serving only 40 families, for example, will not cut the cost of an 80-family program in half. To clarify this point, look again at the urban core program for 80 families. If this program served 40, only three Visitors would be necessary but the program would still need a Director and a three-quarter-time Secretary. This amounts to a 40 percent reduction in personnel costs, and non-personnel costs would probably also drop about 40 percent, since office space could not really be halved. Based on our earlier model budgets and these estimates, the per-family cost in an 80-family urban core program would be $938 while it rises to $1,126 in a 40-family program. Similarly, serving more families lowers the per-family cost since cost increases are also not directly proportional to the increase in number of families.

Another consideration in developing a budget is the cost of living index. A program in Boston, Massachusetts will cost about 25 percent more than a similar operation in Austin, Texas. Bear in mind that the cost of living index reflects an average of costs, while prices vary from one item to the next. Paper supplies may be particularly inexpensive in your area while gasoline--and therefore travel costs--may be high. However, you can get at least a rough estimate of how much a core program would cost in your area by multiplying the total urban cost, calculated earlier, by the cost of living index in your area (see Figure 6-5) and dividing by 100.[1] If you live in a rural area, use the non-metropolitan figure for your section of the country. For example, a core program for 80 families in San Francisco would cost $75,059 (urban core cost) x 109 (San Francisco cost of living index) ÷ 100 = $81,814.

## onated Goods and Services

Home Start programs relied heavily on donated and reduced-cost goods and services. These items were significant in that they would otherwise have been unaffordable and some of these resources fulfilled federal matching requirements. As the pie chart in Figure 6-6 shows, more than half the donations Home Start programs received consisted of individuals' time. There were three general categories for these donations: volunteers who performed tasks such as babysitting during parent group meetings or furnished transportation to program events; professionals who provided their services at reduced

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[1] Divide by 100 because the table's figures are percentages and have been multiplied by 100 to eliminate the decimal.

Figure 6-4

## MODEL BUDGETS FOR A VARYING (ADDITIONAL) COST PROGRAM FOR HOME START PROJECTS SERVING 80 FAMILIES IN AVERAGE-COST-OF-LIVING URBAN AND RURAL LOCATIONS

| | Urban Area | | Rural Area | |
|---|---|---|---|---|
| *PERSONNEL TOTAL* | | *$40,697* | | *$37,858* |
| (2) Home Visitors | @ 6136 | 12,272 | @ 5732 | 11,464 |
| (1) Nurse/Nutritionist | | 9,408 | | 8,749 |
| (1) Coordinator/Supervisor | | 9,408 | | 8,749 |
| Paid Consultants | | 6,500 | | 6,000 |
| Fringe Benefits | | 3,109 | | 2,896 |
| *NON-PERSONNEL TOTAL* | | *$7,229* | | *$7,229* |
| Space | | 1,250 | | 1,098 |
| Travel | | 1,989 | | 2,592 |
| Consumables | | 2,562 | | 2,338 |
| Equipment | | 528 | | 489 |
| Other | | 900 | | 712 |
| *TOTAL* | | *$47,926* | | *$45,087* |
| TOTAL CORE PLUS VARYING BUDGET | | $122,985 | | $116,017 |
| COST PER FAMILY | | $1,537 | | $1,450 |

# Figure 6-5

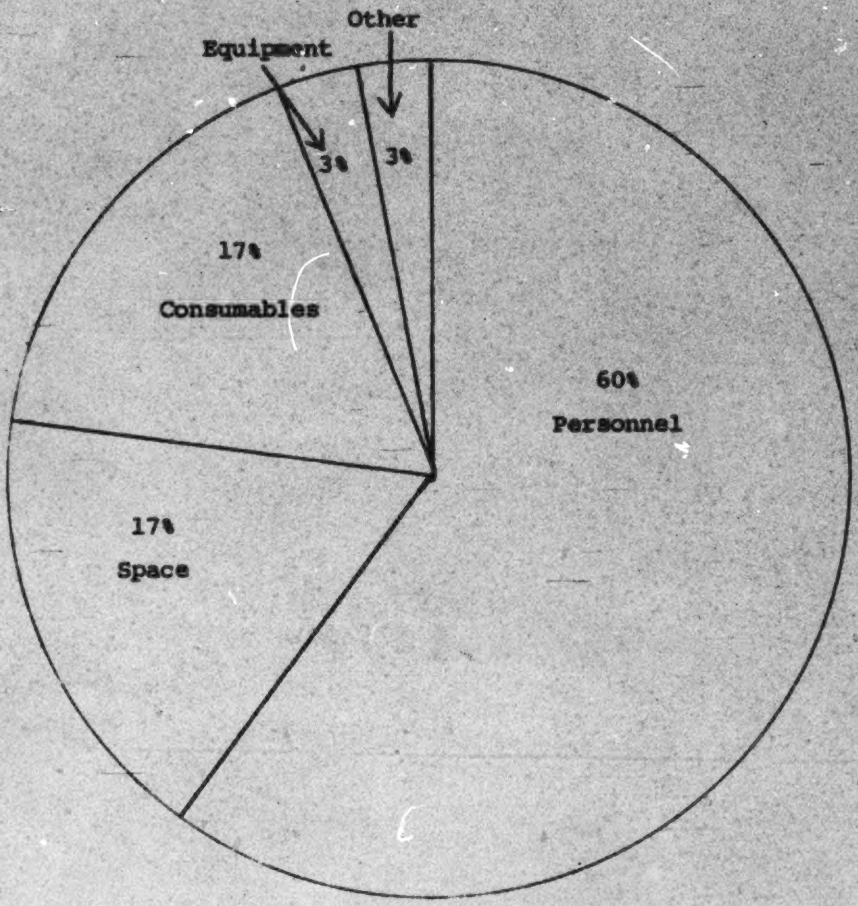
## United States Cost of Living Index (Fall 1973)[1]
## Metropolitan and Non-Metropolitan Areas

| Area | |
|---|---|
| Urban United States | 100 |
| Metropolitan areas | 102 |
| Nonmetropolitan areas | 93 |
| **Northeast:** | |
| Boston, Massachusetts | 110 |
| Buffalo, New York | 100 |
| Hartford, Connecticut | 109 |
| Lancaster, Pennsylvania | 99 |
| New York-Northeastern, New Jersey | 106 |
| Philadelphia, Pennsylvania-New Jersey | 103 |
| Pittsburgh, Pennsylvania | 98 |
| Portland, Maine | 101 |
| Nonmetropolitan areas | 97 |
| **North Central:** | |
| Cedar Rapids, Iowa | 97 |
| Champaign-Urbana, Illinois | 105 |
| Chicago, Illinois-Northwestern, Indiana | 106 |
| Cincinnati, Ohio-Kentucky-Indiana | 95 |
| Cleveland, Ohio | 99 |
| Dayton, Ohio | 95 |
| Detroit, Michigan | 101 |
| Green Bay, Wisconsin | 97 |
| Indianapolis, Indiana | 100 |
| Kansas City, Missouri-Kansas | 99 |
| Milwaukee, Wisconsin | 100 |
| Minneapolis-St. Paul, Minnesota | 101 |
| St. Louis, Missouri-Illinois | 98 |
| Wichita, Kansas | 95 |
| Nonmetropolitan areas | 97 |
| **South:** | |
| Atlanta, Georgia | 94 |
| Austin, Texas | 88 |
| Baltimore, Maryland | 103 |
| Baton Rouge, Louisiana | 90 |
| Dallas, Texas | 92 |
| Durham, North Carolina | 97 |
| Houston, Texas | 92 |
| Nashville, Tennessee | 93 |
| Orlando, Florida | 96 |
| Washington, D. C.-Maryland, Virginia | 104 |
| Nonmetropolitan areas | 89 |
| **West:** | |
| Bakersfield, California | 96 |
| Denver, Colorado | 97 |
| Los Angeles-Long Beach, California | 104 |
| San Diego, California | 101 |
| San Francisco-Oakland, California | 109 |
| Seattle-Everett, Washington | 103 |
| Honolulu, Hawaii | 121 |
| Nonmetropolitan areas | 97 |
| Anchorage, Alaska | 147 |

[1] Source: U. S. Department of Labor, Monthly Labor Review, 8/74, p. 59.

### Figure 6-6

### DISTRIBUTION OF
### DONATED GOODS AND SERVICES TO
### HOME START PROGRAMS



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fees, such as doctors and dentists; and those who rendered services while being paid by another agency or organization, such as university staff who provided training for Home Start programs. Space donations also accounted for a large percentage of total donations and often consisted of free office facilities in local CAP agencies, reduced rent in privately-owned office space, and free rooms in churches or other community buildings for group meetings.

While donations in themselves are valuable, you will have to secure them if you're funded by an agency with matching requirements such as the federal government. Typical federal matching regulations specify 10 to 20 cents of in-kind donations for every dollar of federal funds. Strict requirements are laid down for in-kind donations: services provided by another government agency don't count. For example, if you use Neighborhood Youth Corps members to tend children while parents are meeting, you can't consider their time an in-kind donation. Similarly, office space in a CAP agency is not allowable. If a service is already provided free to your community, it's not a donation, so physical exams for preschoolers by the local health department can't be counted.

Be clear about such guidelines from whatever agency is funding your program. Included in Figure 6-7 are the OEO Guidelines for valuing donated personal services. Drawn up about 10 years ago, these figures should be used only as a general indication of value and modified according to your local wage scales. Generally speaking, donations are valued by the type of work done, not by the occupation of the person doing it: a doctor who volunteers to paint your program's offices would be valued at painter's wages, not a doctor's salary. The best way to keep track of such donations is by using vouchers for all donated goods and services. Not only is your job made easier when you have to assemble a report for your funding source, but donors can use copies of their vouchers for tax deductions. In Figure 6-8 you'll find the standard form used by Home Start programs for these donations.

## Conversion to Home-Based Operations

Several of the above issues are only partially relevant to people already managing child development programs but considering a home-based format. Conversion implies additional concerns about using center-based staff in new capacities, determining what mix of center- and home-based services should be offered, and calculating start-up costs for this new approach. Because, as we stated earlier, we have no actual budgets for programs that did convert to home-based services, much of the following discussion must necessarily be general.

As you may know, the first year for any program, whether it's starting from scratch or is an outgrowth of another project, is more expensive than subsequent years. Most operations spend some money the first year on public relations to spread the word about their services and help in recruiting families. Costs here are staff time and printing supplies in most cases. Staff, for their part, will have to spend significant time and effort getting acquainted with community agencies and establishing a working relationship with them. Reduced-fee services are harder to arrange for at first, before you're known, so getting services may initially be more expensive. In this respect, converting programs have a distinct advantage: they're known, have legitimacy with their communities, and have valuable connections with local services.

One start-up cost for both new and converting programs is pre-service training. Staff for new efforts, obviously, will

## Figure 6-7

### OEO GUIDELINES: BASIS FOR IMPUTING VALUE TO VOLUNTEERED PERSONAL SERVICES

| | Hourly Rate |
|---|---|
| Accountant and Auditor | $ 9.00 |
| Architect | 9.00 |
| Bookkeeper | 3.00 |
| Brickmason, Stonemason, and Tile Setter | 6.50 |
| Bus Driver | 4.00 |
| Carpenter | 6.00 |
| Cement and Concrete Finisher | 5.50 |
| Cook | 3.50 |
| Dental Technician | 5.00 |
| Dentist | 22.00 |
| Dietition and Nutritionist | 5.50 |
| Dressmaker-Seamstress | 3.50 |
| Electrician | 6.50 |
| Engineer | 9.00 |
| Excavating, Grading and Road Machine Operator | 5.50 |
| File Clerk | 2.50 |
| Glaizer | 5.00 |
| Instructor, College | 6.00 |
| Lawyer | 20.00 |
| Librarian | 6.00 |
| Nurse (registered) | 4.50 |
| Nurse (other) | 3.00 |
| Painter | 5.50 |
| Physician | 24.00 |
| Plasterer | 6.00 |
| Plumber | 6.50 |
| Printer | 5.00 |
| Professor, Assistant | 7.50 |
| Professor, Associate | 9.00 |
| Professor, College | 11.00 |
| Psychologist | 7.50 |
| Realtor | 6.50 |
| Recreation Worker | 4.00 |
| Secretary | 3.50 |
| Stenographer | 3.00 |
| School Administrator | 9.00 |
| Social Worker (MSW) | 6.00 |
| Social Worker (other) | 4.00 |
| Surveyer | 4.00 |
| Teacher (elementary) | 6.00 |
| Teacher (secondary) | 6.50 |
| Therapist | 5.00 |
| Tinsmith, Coppersmith, Sheetmetal Worker | 6.00 |
| Truckdriver | 4.00 |
| *Tutor | 3.00 |
| Typist | 2.50 |

*Tutor is defined as a person with one or more years of college.

## Figure 6-8

Home Start Agency ______________

Service Center ______________

Date of Contribution __________

### DONATED GOODS VOUCHER

Item Contributed ______________________________ Quantity ______________________________

Type of Item Contributed: (Check the appropriate box)

**A. CASH**

☐ $

**B. TRAVEL**

☐ Travel in State
_________# of miles

☐ Travel out of State
_________# of miles

☐ Gasoline and Other Motor Vehicle Supplies

**C. CONSUMABLE SUPPLIES**

☐ Food

☐ Educational Supplies

☐ Office Supplies

☐ Maintenance and Housekeeping

☐ Health

☐ Clothing

**D. SPACE AND/OR**

☐ UTILITIES

**C. EQUIPMENT**

☐ Office Machines

☐ Vehicles

☐ Furnishings

**E. OTHER**

☐ GOODS

Basis for Valuing Goods $______________ Estimated Total Value ______________

______________________________
Signature of Contributor

______________________________
Signature of Home Start Staff

### DONATED SERVICES VOUCHER

Worker's Name ____________________________________________

Week Ending ____________________________________________

| HOURS OF SERVICE | Time In: ____ Out: ____ Date: ____ | Time In: ____ Out: ____ Date ____ | Time In: ____ Out: ____ Date: ____ | Time In: ____ Out: ____ Date: ____ | Time In: ____ Out: ____ Date: ____ | Total Hours Donated Service | Hourly Rate of Service | Total Dollar Value of Service |
|---|---|---|---|---|---|---|---|---|
| Professional | | | | | | | | |
| Non-Professional | | | | | | | | |
| TOTAL | | | | | | | | |

Specify Service(s) Donated: ____________________________________________

____________________________________________

____________________________________________

______________________________
Signature of Worker

______________________________
Signature of Home Start Staff Member

need extensive training, but people experienced in center-based child development will at least need reorientation to the home-based approach. Many Home Start programs used paid consultants as resources for pre-service training, but you might also consider using the expertise of the Home Start Training Project in your region to acquaint staff with the exigencies of a home-based program. (See Appendix A) Travel and per diem costs for a week of training at one of these sites will be a start-up cost.

In converting, staff reallocation will be a major concern since Head Start programs taking this route under I & I requirements will receive no extra funding and existing staff will have to take on new roles. Retraining will clearly be necessary for a majority of staff, and some people connected with a purely center- and child-oriented program may not fit your new requirements or may decide to pursue child care in another setting. In general, converting to a totally home-based program means that you can serve at least as many families as you did in your center with the same number of staff. Consider the example below.

A Head Start center serving approximately 110 children has a teaching staff of 12 plus four Neighborhood Social Service workers, a Social Service Coordinator, a half-time Director, a three-quarter-time Secretary and three other part-time staff--a Cook, Bus Driver, and Custodian. Converting this operation to a totally home-based program could be accomplished by transferring 10 of the teachers and two of the Neighborhood Workers to Home Visitors, each serving 10 families. The remaining two Social Service workers could be used as Social Service Coordinators, with the present Coordinator becoming a Home Visitor Supervisor. The remaining two teachers might be useful as specialists, one for education and curriculum and the other, with training, as a Health Aide. The Director and Secretary could keep their positions. In such an arrangement, the Cook, Bus Driver and Custodian do not directly translate, although each might be enlisted in a part-time capacity, the Cook as part-time Nutrition Specialist, the Custodian at the center if group meetings are held there, and the Driver to handle transportation to meetings and medical or social-service appointments for program families.

In this set-up, 12 Visitors serving 10 families each would be reaching 120 families, a figure comparable with the center's enrollment. In addition, the program now has several specialists. Obviously, this is only one way to convert a center. Instead of becoming a Health Aide, one teacher could be a Children's Group Coordinator, for example. Many allocations are possible depending on the experience and potential of your present staff.

Several assumptions have been made here that may not be true for your conversion purposes. We've assumed that individuals' salaries won't change, but in Home Start, specialists in general were paid more than Visitors and you may want to follow this pattern. Doing so means that other non-essential positions may be cut back or eliminated. Another assumption was that all staff would return to the program, but with the high turnover in some Head Starts this may be unrealistic. If two teachers leave, part of their combined salaries might be used to hire a Nurse/Nutritionist and the rest might help with the addition of a part-time Psychologist or other specialist. Finally, the issue of eliminating positions is always a sticky one. In some cases retraining may be the answer: some of Home Start's Visitors were former Head Start Cooks and brought good nutrition backgrounds to their visiting roles. But retraining may not always be possible. If you're committed to keeping your current staff intact you may want to consider a combined center- and home-based operation that could use everyone's talents.

Conversion will also affect your non-personnel costs. Space costs should decrease because the center would only be used occasionally, for group meetings; with luck, you might find suitable space for these activities in community buildings at no cost and eliminate most of this expense, reserving only a small portion for program offices and Visitor work space. The need to buy center equipment, particularly furniture, also disappears. On the other hand, you can expect transportation costs to be much higher, especially if you're reaching out to families too isolated to participate in center programs. Food costs would be eliminated since center meals would not be necessary. You can get a clearer picture of these cost comparisons by checking your current center budget against the model budgets shown earlier, making allowances for the considerations we've just discussed.

Once again, conversion doesn't have to mean a totally home-based program. Alaska and Arkansas Home Starts were successful with mixed programs, offering parents in some locations a choice between center- and home-based services and elsewhere both center and home experiences for all families. Because these programs are complex and financial data are not available yet, we can offer only general advice. It is possible to give staff dual roles: one person can be a center teacher two days a week and a Home Visitor the remaining three days, or you can adopt a two-and-two schedule with the extra day devoted to training and staff meetings. A Head Teacher can double as Home Visitor Supervisor. Space, transportation and food costs in this configuration will depend on how many days the center is open, the number of families choosing home visits over classroom sessions, and the frequency of visits and center activities. Efficient scheduling of staff time and center hours can go a long way toward keeping costs down in this combined approach.

Needless to say, dealing with budgetary matters early on will make it easier for you to justify your expenditures to funding sources and to get a realistic picture of the scope of services your program can afford to offer.

# APPENDIX A

## Directory of Home Start Demonstration Programs and Training Centers

# HOME START DEMONSTRATION PROGRAMS[1]

Dr. Kyo Jhin
Home Start Director
TARESA Human Resources Program
2603-C Leeman Ferry Road, S.W.
Huntsville, Alabama 35801
(205) 533-5955

Ms. Westeen Holmes
Head Start/Home Start Director
Greater Fairbanks Head Start
Association, Incorporated
Box 724
Fairbanks, Alaska 99701
(907) 452-1331

Pauline Marshall
Office of Navajo Economic Opportunity
Box 589
Fort Defiance, Arizona 86504
(602) 729-5360

Mrs. JoAnn Braddy
Head Start/Home Start Director
ARVAC, Inc.
P.O. Box 248
Dardanelle, Arkansas 72834
(501) 229-4860

Economic Opportunity Commission
348 W. Market Street
San Diego, California 92101
(714) 239-9281

Mrs. Laura (Daniel) Lamb
Home Start Director
Kansas Children's Service League
2120 North Broadway
Wichita, Kansas 67214
(316) 267-1045

ACTION, Inc.
24 Elm Street
Gloucester, Massachusetts 01930
(617) 283-7874

Barbara Keith, Coordinator
Home Start Training Program
Economic Opportunity Board of
Washoe County, P.O. Box B
5045 Alpha Avenue (STEAD Facilities)
Reno, Nevada 89506
(702) 972-1601

Mr. Lou Conn
c/o Mr. Casey Epe
Opportunities for Broome, Inc.
P.O. Box 1495
Binghamton, New York 13901
(607) 723-6496

Macon Program for Progress
50 East Main Street
Franklin, North Carolina 28734
(704) 524-4471

Ms. Dell Graham
Division of Day Care and Child Development
of the Center for Human Services
2084 Cornell Road
Cleveland, Ohio 44113
(216) 421-7880

Dr. Frank Skinnell
Executive Director, Home Start
Clinch-Powell Educational Cooperative
Harrogate, Tennessee 37752
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Mrs. Ella Guidry
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(713) 748-4410

Texas Migrant Council
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(512) 722-5174

Mrs. Sheri Noble
Head Start/Home Start Director
67 South Main Street
Millville, Utah 84326
(801) 753-0951

Mrs. Susie Bradley
Coordinator, Home Start
West Central West Virginia CAA
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(304) 485-4455

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[1] Names of directors appear for those programs which remained in operation at the end of the demonstration period.

# HOME START TRAINING CENTERS

| | Regional Cluster |
|---|---|
| Mrs. JoAnn Braddy<br>Head Start/Home-Based Training Director<br>ARVAC, Inc.<br>P.O. Box 248<br>Dardanelle, Arkansas 72834<br>(501) 229-2353 | VI, VII (Missouri, Kansas, Nebraska) |
| Mr. Jack Peters<br>Coordinator, Training Center<br>Community Services Agency of Washoe County<br>P.O. Box 10167<br>Reno, Nevada 89510<br>(702) 972-1601<br>(702) 329-6182 | IX, IMPD (West) |
| Mr. Desmond Tarter<br>Director, Home Start Training Center<br>Clinch-Powell Educational Cooperative<br>Harrogate, Tennessee 37752<br>(615) 869-3605 | IV |
| Mrs. Sheri Noble<br>Director, Home Start Training Center<br>Bear River Community Action Agency<br>67 S. Main Street<br>Millville, Utah 84326<br>(801) 753-0951 | VIII, X |
| Mrs. Helen Parrish<br>Coordinator, Home Start Training Center<br>West Central West Virginia Community Association Inc.<br>804 Ann Street<br>P.O. Box 227<br>Parkersburg, West Virginia 26101<br>(304) 485-4455 | I, II, III |
| Mr. David Shearer<br>Portage Project<br>412 E. Slifer<br>Portage, Wisconsin 53901 | V, VII (Iowa), IMPD (East and Midwest) |

# APPENDIX B

# THE HOME START PROGRAM: GUIDELINES

December, 1971

Prepared by Dr. Ann O'Keefe
Acting Home Start Program Director
(202) 755-7498

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# THE HOME START PROGRAM: GUIDELINES

## I. INTRODUCTION

In March, 1971, Dr. Edward Zigler, Director of the Office of Child Development (OCD), announced the development of a new program during Fiscal Year (FY) 1972. The program, Home Start, is a home-based program demonstrating alternative ways of providing Head Start-type comprehensive services for young children in their homes. Home Start focuses on enhancing the quality of children's lives by building upon existing family strengths and utilizing parents in their role as the first and most important educators of their own children.

There will be fifteen Home Start programs in operation throughout the country by mid-March, 1972. These programs will be adjuncts of existing Head Start programs or Community Action Agencies and will be funded by supplemental grants to the existing agency. Home Start programs will serve additional children in the same age range (3-6) and eligibility as children currently served in established Head Start programs.

Although each Home Start program will fulfill all the basic requirements described in these Guidelines, the programs may vary to meet local needs and characteristics.

## II. HOME START PROGRAM OBJECTIVES

a. To involve parents directly in the educational development of their children.

b. To help strengthen in parents their capacity for facilitating the general development of their own children.

c. To demonstrate methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a center-based program is not feasible.

d. To determine the relative costs and benefits of center- and home-based comprehensive early childhood development programs, especially in areas where both types of programs are feasible.

## III. HOME START PROGRAM COMPONENTS AND REQUIREMENTS

All Home Start programs must meet the following requirements:

1. The program must be essentially home-based, in contrast to center-based.

2. The program must be adjuncted to or sponsored by an existing Head Start program, Community Action Agency (CAA), or other agency which by law and regulation is capable of receiving a supplemental grant for Head Start. This agency will be the fiscal agent for the Home Start program.

3. The program must develop a local Parent Policy Committee based to the extent possible on OCD Head Start Regulation Number 70.2. In those instances where the grantee already operates a Head Start program, it is encouraged that the Head Start Policy Council be enlarged to include Home Start representation.

4. The program must identify, coordinate, integrate, and utilize existing community resources and services (public, reduced-fee, or no-fee) on an as-needed basis to provide nutritional, health, social, and psychological services for its children and their families. Home Start proposals should include written statements from existing agencies that their services will be provided to Home Start families.

### a. Nutrition

Good nutrition is a vital prerequisite for any child development program. In Home Start the nutrition component is aimed primarily at helping parents make the best use of existing food resources, through food planning, buying, and cooking. However, when food is actually not available to a family, Home Start staff will make every effort to provide it, and to put the family in touch with whatever community organization can help on a regular basis.

Nutrition education must recognize cultural variations in food preferences and supplement and build upon these preferences rather than attempt to replace them. Thus, food items that are a regular part of the family's diet will be a major focal point of nutrition education.

b. Health

Every effort will be made to provide health services through existing resources--Federal, state, or local--to be paid for by these existing resources. Home Start children will receive the same health services as Head Start children, but Home Start staff efforts will be directed more to securing service through referral and follow-up. However, when no other source is available, Home Start will provide children with paid services.

Home Start will provide linkages with existing health services for the entire family unit on an as-needed basis, but cannot provide payments for such services.

c. Psychological and Social Services

Home Start will provide needed services through existing community resources or within the sponsoring Head Start program. These services will include referral and follow-up of parents and children to agencies for family or job-related problems.

5. The program must provide the services listed in 4 above when there are no existing resources for them in the community.

6. The program must help parents enhance the total development (including cognitive, language, social, emotional, and physical) of all their children.

Curriculum for Children

While most programs in operation are somewhat eclectic in their approach, programs may draw upon the work and experience of researchers such as Dr. Bettye Caldwell, Dr. Ira Gordon, Dr. Susan Gray, Dr. Rick Heber, Dr. Merle Karnes, Dr. Ron Lally, Dr. Phyllis Levenstein, Dr. Glen Nimnicht, Dr. Earl Schaefer, and Dr. David Weikart, and the research of some of the regional educational laboratories such as the Appalachia Educational Laboratory.

Whatever the educational program or philosophy of a Home Start, it should have a plan or system for developing individualized or "personalized" educational programs for its children.

Further, the education program--as well as all program components--must fit the needs of the locale by taking into account appropriate local ethnic, cultural, and language characteristics.

7. The program must develop and expand the role of parents as their own children's most influential educators.

Parent Program

Deeply embedded in the Home Start concept is the idea that the parent is the first and most influential educator and "enabler" of his or her own children. While Head Start aims at involving parents as one means of helping the child, Home Start aims at involving parents as the major means of helping the child.

Home Start programs must give parents (or parent substitutes and other appropriate family members) an opportunity to learn about:

(1) Various approaches to child-rearing

(2) Ways of using elements of the child's typical environment--such as household articles, television, natural phenomena, magazines, grocery stores, etc.--as teaching tools

(3) Ways to turn everyday experiences into constructive learning experiences for the child

(4) Ways of encouraging children's language development

(5) Ways to enhance children's social and emotional development

(6) Various possible effects of the interaction between parents, children, and other family members

(7) Specific information about health and nutrition

(8) Various resources in the community and how to use them.

8. The program must involve fathers (or father substitutes) as well as mothers (or mother substitutes) when possible.

9. The program must make provision for evening and weekend services to families.

10. The program must have a plan for recruiting, training, and supervising Home Start staff. This plan must include the use of trained paraprofessionals, parents, and volunteers. (See also Section VII.)

11. The program proposal must include a summary of a typical month's activities. If the program is already in operation, this summary should be based on an actual month's schedule.

12. The program must be willing to keep necessary records and participate in the evaluation study described in Section IX.

13. The program must be able to be operational by mid-March, 1972.

14. Programs are encouraged to provide career development opportunities for staff. For example, training of Home Start staff should qualify for academic credit, whenever possible. Trained Head Start parents should be considered for Home Start staff positions, and eventually trained Home Start parents should be considered for Head Start staff positions.

## IV. THE DELIVERY OF HOME START SERVICES

Existing home-based programs have demonstrated a variety of systems for delivering services to children and their families, in their own homes. The national Home Start program will continue to explore a variety of delivery systems for comprehensive services, which may include:

1. Home Visitor visiting home and working with parents and child

2. Home Visitor, plus periodic group experience for children, coupled with daily early childhood educational television program such as "Around the Bend" from the Appalachia Educational Laboratory or "Sesame Street"

3. Home Visitor visiting home and working only with parents or groups of parents.

All delivery systems must, of course, be developed to provide for all Home Start program components.

## V. SELECTION OF HOME START PROGRAM LOCATIONS

As has been stated, for FY 72 there will be fifteen Home Start programs. There will be one demonstration Home Start in each of the 10 Department of Health, Education and Welfare Regions, and, in addition, at least one each for Indian, Migrant, and Appalachian families.

The Indian and Migrant Programs Division of OCD will select the Indian and Migrant programs, and the Appalachian Regional Commission will select the Appalachian program. The two remaining programs will be selected by OCD Headquarters, based on nominations by Assistant Regional Directors (ARDs) for OCD who identify in their Region more than one suitable program for Home Start.

The following procedures apply to the selection of the fifteen Home Start programs for FY 72.

| | Action | Date | Responsibility |
|---|---|---|---|
| 1. | Call or write OCD Headquarters (Dr. O'Keefe, Mrs. Kapfer, or Miss Seguin) to indicate the person in each Region to whom Home Start responsibilities will be assigned, and who will be making site visits and selecting candidate programs. (202) 967-5073 or 967-2517 | IMMEDIATELY | Each ARD or designee |
| 2. | Identify possible program locations in each Region, making no commitments to any program. | AS SOON AS POSSIBLE, TO ALLOW MAXIMUM TIME FOR PREPARATION OF PROPOSALS | Each ARD for his/her own Region; ARC for Appalachia |

| | Action | Date | Responsibility |
|---|---|---|---|
| 3. | Call OCD Headquarters (Kapfer, Seguin, or O'Keefe) to indicate the candidate programs (and their locations) under consideration. There must be a reasonable balance between urban and rural programs and OCD Headquarters reserves the right to ask any ARD to consider another program location to achieve an acceptable balance, if necessary. | IMMEDIATELY, BEFORE A FIRM INVITATION IS ISSUED TO ANY PROGRAM LOCATION | ARDs |
| 4. | Make site visits to determine or assure actual capability of candidate to implement a Home Start. Use program requirements in Section III as a guide. | AS SOON AS POSSIBLE AFTER RECEIVING OCD HEADQUARTERS' APPROVAL OF PROGRAM CANDIDATES | Each ARD or designee. Must be the professional designated in Action #1. |
| 5. | Invite one or more candidate programs to become Home Start programs. | AS SOON AS POSSIBLE | Each ARD |
| 6. | Attend meeting in a central location to discuss proposal preparation. | WITHIN 2 WEEKS AFTER HOME START GUIDELINES ARE DISTRIBUTED | ARDs, staff from candidate programs, and OCD Headquarters |
| 7. | Write Home Start proposals. | PROPOSALS DUE IN OCD HEADQUARTERS OFFICE BY FINAL DEADLINE OF JANUARY 3, 1972 | Staff from candidate programs and any technical assistance an ARD can provide. |
| 8. | Submit proposals to ARDs. | DETERMINED BY EACH ARD, WITH JANUARY 3 DEADLINE IN MIND | Candidate programs |

|  | Action | Date | Responsibility |
|---|---|---|---|
| 9. | Determine which proposal will be submitted as the prime proposal from his/her Region and which (if any) will be submitted as a candidate for one of the two "additional" programs. | DETERMINED BY EACH ARD, WITH JANUARY 3 IN MIND | ARDs |
| 10. | Submit proposals to OCD Headquarters. | JANUARY 3--FINAL | ARDs |
| 11. | Review proposals and indicate requirements for revision. | WEEK OF JANUARY 3 | One representative for each ARD, OCD Headquarters, and several consultants. |
| 12. | Send proposals back to candidate programs for revision, if indicated. | JANUARY 7 | OCD Headquarters |
| 13. | Send revised proposals back to OCD Headquarters. | JANUARY 21 (See NOTE in next column) | Candidate programs. NOTE: An ARD may require candidate program to send revised proposal through the ARD. If so, ARD may impose a date prior to January 21 for receipt of revised proposal. |
| 14. | Notify ARDs and candidate programs of approvals. | JANUARY 28 | OCD Headquarters |
|  | a. Begin process to effectuate grants | JANUARY 28 | OCD Regional and Headquarters staff |

| | Action | Date | Responsibility |
|---|---|---|---|
| 15. | Begin preparing for program--recruiting families and staff, training, etc. | JANUARY 31 | Candidate programs |
| 16. | Tentative: plan and implement an orientation workshop for all local Home Start program staffs. | DURING FEBRUARY '72 | OCD Headquarters, in conjunction with ARDs |
| 17. | Attend training meeting(s) in one or several central locations. | DURING FEBRUARY | Local program staffs, ARDs, and OCD Headquarters |
| 18. | Complete all recruiting, training, and other program planning. | MARCH 17 | Local programs |
| 19. | Begin Home Start programs. | MARCH 20 | Local programs |
| 20. | Monitor local programs. | PERIODICALLY | OCD Headquarters, via a monitoring arrangement or contract. |

In sum, each ARD (or designated representative) will be responsible for selecting a Home Start site for his or her own Region. Each selection will be reviewed by a committee of representatives from each ARD, OCD Headquarters, and outside consultants. Any recommendations for proposal revision made by the review committee must be incorporated in the proposals before proposals will be approved.

## Minimum Criteria for Candidacy as a Home Start Program

In order for a program location to be considered as a Home Start program, it must meet the following criteria:

1. Have had a home-based program for at least one year or show evidence of extensive planning for a home-based program prior to September, 1971.

2. Show evidence that the existing or proposed program can be developed to meet minimum program requirements described in Section III and family recruitment requirements described in Section VI.

3. Show willingness to participate in the OCD-funded evaluation study briefly described in Section IX and to be described in detail at a later date.

4. Show evidence of ability to coordinate and integrate existing health, nutritional, psychological, and social services and resources so that they can be provided on an as-needed basis.

5. Show evidence of availability of training and technical assistance in supporting and implementing the Home Start program.

6. Submit evidence (letter) from CAA, Head Start, or other agency indicating that it can and will serve as fiscal agent for the Home Start program.

## VI. RECRUITMENT OF FAMILIES FOR HOME START

Each Home Start program must have at least 80 participant families. The program should give preference to families with larger numbers of young children. If 80 families are not actively enrolled within ninety days after the program begins, the budget will be reduced proportionate to the number of families and children enrolled, and the difference will be shifted to programs with greater capacity for growth.

### A. Age and Economic Criteria

Current Head Start age and economic eligiblity requirements must be met for at least one child in a Home Start family. Thus, the Home Start "target" child must be 3, 4, 5, or 6 years old. However, all younger siblings will also be served in the program and will be considered as Home Start children.

## B. Additional Recruitment Criteria

As stated in Section VIII, it is planned that the Home Start programs funded in FY 72 will be funded for a three-year period, with second and third year funding contingent upon (a) the Home Start program's ability to meet the evaluation requirements briefly described in this section and Section IX and to be detailed later, and (b) availability of funds.

These evaluation criteria have implications for recruiting families into Home Start for FY 72.

1. If there is a number of potential Home Start families sufficient to double the size of the program in Year 2, then at least 75% of the families recruited for Year 1 should be families which are likely to stay in Home Start for two years. This means that at least 75% of the families should have one or more children who will be of Head Start age for two years, or until September, 1974. NO CHILDREN SHOULD BE RECRUITED FOR YEAR 1 WHO WILL ENTER SCHOOL IN SEPTEMBER, 1972.

2. If 1. above is not feasible, then 50% of the families recruited should be families which are likely to stay in Home Start for two years, by reason of age of children.

3. For the second year of Home Start, programs will recruit twice the number of families to be served, and will randomly assign half the families to the second year program. The remaining families will serve as a comparison group for the second year of Home Start, but will be guaranteed a place in the third year of Home Start.

4. Clearly, the emphasis is on recruitment of Home Start families with younger children; during the first year, no more than 25% or 50% of the families should have children who will enter school in September, 1973, unless these same families also have children in the 2-5 age range.

5. If the mother in a Home Start family becomes employed and places her child or children in a day-care setting, the family may continue to receive Home Start services if it wishes.

6. Home Start programs should, where possible, over-recruit for Year 1, so that vacancies can be filled as quickly as possible when original families prematurely terminate for some reason.

## VII. TRAINING OF HOME START STAFF

Programs must submit a staff recruitment plan and a training plan including content of proposed pre- and in-service training program, method of teaching the content, description of training staff or consultants, and provisions for continued in-service training. Local Home Start staff must attend national or regional Home Start Workshops, if such are offered.

In hiring staff for Home Start, such as Home Visitors, preference should be given to individuals from the area being served who are sensitive to the culture and needs of the participant families. However, the ultimate criterion is the individual's ability to further the objectives of the Home Start program.

Home Visitors who are part of a Home Start program should, where possible, be people who are:

1. from the same culture as families in the program
2. good listeners

3. knowledgeable about child development
4. knowledgeable about "people development"
5. knowledgeable about all program components (not just education).

In selection of Home Visitors, programs should emphasize attitudes, values, cultural and language background rather than academic credentials.

## VII. ADMINISTRATION OF HOME START PROGRAMS

### A. Funding

Home Starts will be funded through supplemental grants to existing Head Start programs, Community Action Agencies, or other agencies which by law or by regulation are capable of receiving a supplemental Head Start grant for a Home Start program. Home Start programs will be responsible for obtaining program consultants from their funding.

The Home Start budget for FY 72 is $1.5 million. Local Home Start programs will be funded at an approximate level of $100,000 for the first 12-month period. Home Starts funded in FY 72 will be funded for a second and third year, contingent upon compliance with evaluation and recruitment requirements stated in Sections VI and IX, and the availability of funds.

### B. Relationship between Home Start and Grantee or Applicant Agency

1. Proposals must describe the relationship between Home Start and the grantee agency.

2. Organizational lines must be indicated.

3. A letter from the grantee agency must be submitted indicating that it can and will serve as the fiscal agent for the Home Start program.

### C. Budget

Program budgets must include categories, if appropriate, for:

- Personnel[1]
- Fringe benefits
- Equipment
- Supplies
  - Consumable
  - Non-consumable
- Consultants[2]
- Travel
  - Local
  - Non-local
- Telephone, postage, reproduction
- Training
- Overhead, rent, utilities
- Contingency fund.

Information on funding Home Start programs will be sent to program candidates later, since the possibility exists that the requirement for in-kind contribution (which is usually 20% for Head Start programs) may be reduced for Home Start programs.

### D. Scheduling of Home Start Years 1-3

Home Start will be scheduled as follows:

| | | |
|---|---|---|
| Year 1: | March 1972-July 1973 | (17 months) |
| Year 2: | July 1973-July 1974 | (12 months) |
| Year 3: | July 1974-July 1975 | (12 months) |

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[1] Program proposals must describe staff functions, necessary qualifications, and organizational lines of authority.

[2] Names, resumes, and rates of pay for consultants must be specified. OCD can identify possible consultants upon request by program.

## IX. EVALUATION

By June 30, 1972, a report will be prepared by OCD Headquarters containing basic data on Home Start children and services and describing the process of installing Home Start programs.

OCD Headquarters has responsibility for planning, implementing, and funding the Home Start evaluation. Local programs are not required to expend part of their program funds for evaluation. A detailed evaluation plan is under development. In essence, this plan calls for making second and third year (continuation) funding of first year programs contingent upon the willingness of programs to turn from demonstration programs into programs that can be rigorously evaluated, as well as availability of funds.

The advantages of this plan are that:

1. Evaluation requirements are not criteria for first year funding, except for recruitment of families (as described in Section VI).

2. Programs have 17 months to work out the problems in their operations and to gear up for the major evaluation component.

3. When the rigorous evaluation is done, it will be done on programs whose operations are more likely to reflect accurately their philosophies, objectives, and plans.

4. The resulting evaluation/research study will be more likely to permit OCD to make inferences and decisions about Home Start-type programs.

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| 2-3 | Child Study Record | New York Home Start | 2-23/25 |
| 2-4 | Inventory of Developmental Tasks, An Observation Guide (part of Santa Clara Inventory of Developmental Tasks) | El Dorado County Revision, developed by Georgetown Educational Reproductions, Georgetown, California | 2-26 |
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# APPENDIX D

## Bibliography

# Bibliography

## Home Start/Home-Based Materials

- A Bibliography of Home-Based Child Development Resources
  (DHEW Publication No. HEW-391) March 1973[1]
- A Guide for Planning and Operating Home-Based Child Development Programs
  (DHEW Publication No. OHD 75-1080) June 1974[1]
  Available in Spanish
- Report of a National Conference on Home Start and Other Programs for Parents and Children, March 18-21, 1975, St. Louis, Missouri
  (DHEW Publication No. OHD 76-31088)[1]
- Home Start Sound-Slide Presentation
  Education and Development Corporation
  1400 Uhle Street
  Arlington, Virginia 22201
- Child and Family Resource Program: An Overview (February 1975)[1]
- Child and Family Resource Program: Guidelines for a Child Development-Oriented Family Resource System
  (DHEW Publication No. OCD 73-1051) February 1973[1]
- Child and Family Resources Program Sound-Slide Presentation
  Education and Development Corporation
  1400 Uhle Street
  Arlington, Virginia 22201

## Home Start Evaluation Reports

- Interim Report I (August 1972)
  - Formative and Summative Evaluation (ED 069 439)
  - Case Studies IA (ED 069 440)
  - Case Studies IB (ED 069 441)
- Interim Report II - Pilot Year (July 1973)
  - Program Analysis (ED 091 074)
  - Summative Evaluation Results (ED 085 398)
  - Case Studies IIA (ED 091 081)
  - Case Studies IIB (ED 092 225)
- Interim Report III - Pilot Year (August 1973)
  - Evaluation Plan 1973-1974 (ED 092 227)
  - Program Analysis (ED 092 226)
  - Summative Evaluation Results (ED 092 229)
  - Case Study Summaries (ED 092 228)

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[1] Copies may be obtained free of charge from the Office of Child Development, USDHEW, c/o Home Start, P.O. Box 1182, Washington, D.C. 20013

- Interim Report IV - Pre-Test (May 1974)*
    - Program Analysis
    - Summative Evaluation Results
    - Field Procedures Manual
- Interim Report V - 7-Month Findings (November 1974)*
    - Executive Summary
    - Program Analysis
    - Summative Evaluation Results
    - Cost Effectiveness Analysis
    - Field Procedures Manual
- Interim Report VI - 12-Month Findings (March 1975)*
    - Executive Summary
    - Program Analysis, Summative and Cost Effectiveness Results
    - Field Procedures Manual
- Interim Report VII - 20-Month Findings (November 1975)*
    - Twenty-Month Program Analysis and Findings
    - Homesbook: What Home-Based Programs Can Do For Children and Families
    - Field Procedures Manual
- Home Start Information System Manual (December 1972)*
- Final Report: Findings and Implications (March 1976)*

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